

P. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED APR 5 1946

Registration District No. **318** Primary Registration District No. **1005**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to Homer Phillips Hospital **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 14 years

In this community _____
(Specify whether years, months or days) 14 years

3. (a) PRINT FULL NAME Earl Gilliam

3. (b) If veteran, name war no

3. (c) Social Security No. 720-12-4193

4. Sex Male **2** 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ludella Thomas Gilliam

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 4, 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>0</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Birmingham Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Molder

11. Industry or business _____

12. Name George Gilliam

13. Birthplace Birmingham Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mathews

15. Birthplace Birmingham Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant George Gilliam Jr.

(b) Address 318 So. Garrison Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/46.
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Knight's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) MAR 28 1946 J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Os.

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **2/17**

(d) Street No. 2305 A. Franklin Ave. **2/19**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1946 hour 12:25 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Gunshot wound of skull and brain, inflicted at the hands of one Marshall Thomas, Col., in the home, at 2305-a Franklin Avenue, around 12:15 P.M., March 25, 1946.

HOMICIDE

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy yes

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide.

(b) Date of occurrence March 25th, 1946

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? no (Specify type of place) (e) Means of injury gun

23. Signature Patricia J. Dugan (M. D. or other) **11/2**

Address _____ Date signed 3/28/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.