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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14856

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3947

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4214 Lindell
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4215 Lindell
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Samuel Jones
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)
8. AGE: Years Unk Months ..... Days ..... If less than one day ..... hr. ..... min.
9. Birthplace unk (City, town, or county) Ind (State or foreign country)
10. Usual occupation Laborer
11. Industry or business unk
MOTHER FATHER
12. Name unk
13. Birthplace Ind (City, town, or county) ..... (State or foreign country)
14. Maiden name unk
15. Birthplace Mo (City, town, or county) ..... (State or foreign country)
16. (a) Informant Thos. A. Stewart
(b) Address 300 Oak St
17. (a) Burial (Burial, cremation, removal) (b) Date thereof 5-11-46 (Month) (Day) (Year)
Anatomical Board
(c) Place: burial or cremation Wagner
18. (a) Signature of funeral director W. Kuntz
(b) Address 3500 Rutgers
19. (a) MAY 1 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1946 hour 2 minute 30 A.M. P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Fractured Fractures of Skull — Duration
2. Laceration of Brain inflicted with a Jumper Shaker in hands
Due to 1 Jone William Parker Co
in Basement of Home at 4215 Lindell Blvd
Due to around 2:30 a.m. May 27-46
Homicide

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

Major findings:
Of operations .....
Of autopsy .....

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work ..... (e) Means of injury .....
23. Signature Stanley E. Hughes (M. D. or other)
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3947

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Samuel Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years at 57 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) 2nd (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 27 year 1946 hour 2 minute 30 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 Depressed fracture of skull
Duration
Due to Laceration of brain inflicted with a furnace shaker in the hands of Eric Wuerfin Jr. who ran in the basement home at 4215 Lindell Blvd.
Due to Coma 2:30 P.M. March 27 1946

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 27 1946
(c) Where did injury occur? St Louis (City or town) No (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? (e) Means of injury

23. Signature Clark E. Ryder (M. D. or other)
Address Neg Em Date signed

SUPPLEMENTARY

13255

14856