

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED APR 24 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3463**

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:
Homer Phillips Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community ---
years, months or days)

3. (a) PRINT FULL NAME Thomas Southall

3. (b) If veteran, name war World War 2 3. (c) Social Security No. ?

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Unavailable 1913
(Month) (Day) (Year)

8. AGE: Years 33 Months - Days - If less than one day --- hr. --- min.

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

10. Usual occupation Soldier

11. Industry or business U.S. Army

12. Name Unavailable

13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Capt. Wm. Moore

(b) Address Jefferson Barracks Mo.

17. (a) Removal (b) Date thereof 4/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Los Angeles Calif.

18. (c) Signature of funeral director Charles J. Gates
4107 Finney Ave.

(b) Address APR 15 1946 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri California (b) County 999
(c) City or town Los Angeles 4
(If outside city or town limits, write "RURAL") N.R.
(d) Street No. 883 E. 43d Street.
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1946 hour 6:15 minute A.M. 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 Internal hemorrhage following stab wound of back inflicted with knife in the kitchen of one Fred Carter Cal in Room 304 The Lido Hotel 744 Duane Ave. Oakland 10.15 P.M. April 11 1946

Other conditions (Include pregnancy within 3 months of death)

Major findings: HPM
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 April 11 1946
(c) Where did injury occur? Los Angeles Calif.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No

23. Signature Cathel E Taylor Sep Carl
Address 1300 Clark Ave. Date 4-15-46

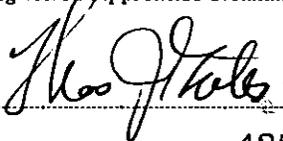
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14155 9 17 00 1550 66

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.....

..... **Thomas J. Gates**, Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No..... **4259**

P. O. Address..... **4107 Finney 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.