

FILED MAY 27 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4408

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 & Philips Hosp
(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

ULYSSES SCALFE

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Male 5. Color or race Cal. 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 9 (Month) 2 (Day) 1914 (Year)

8. AGE:

Years

Months

Days

If less than one day

32

4

11

hr. _____ min.

9. Birthplace

Mornel

(City, town, or county)

Ark 1

(State or foreign country)

10. Usual occupation

Zabon

11. Industry or business

12. Name Berry Scalf

13. Birthplace Mornel

(City, town, or county)

Ark 1

(State or foreign country)

14. Maiden name Hattie

15. Birthplace Mornel

(City, town, or county)

Ark 1

(State or foreign country)

16. (a) Informant Hattie Scalf

(b) Address 2124 E. Eugene

17. (a) Burial (b) Date thereof 5-17-44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. Richardson

(b) Address 2124 E. Eugene

19. (a) MAY 16 1946

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 071
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 Eugene St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1946 hour 5 minute 55 A.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 General Peritonitis

following stab wounds of

abdomen inflicted with

knife in home on

Friday, May 10, 1946

Due to stab wound of

abdomen inflicted with

knife in home on

Friday, May 10, 1946

Other conditions 28, 1946

(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 28 1946

(c) Where did injury occur? St. Louis

(City or town) (County) (State)

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

Greenwood

While at work? no (Specify type of place) re above

Means of injury _____

23. Signature Reed Perry (M. D. or other)

Address St. Louis Date signed 5/13/46

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

AP Richards

Licensed Embalmer No *2928*

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.