S. No. 2
DM—5-43
v. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38692

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10054

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: St. Louis City Hospital

(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: Missouri (b) County:

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 1100 St. Louis Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: George Glen Hembree

3. (b) If veteran, name war: Nil

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Annie Hembree

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

7. Birth date of deceased: July (Month) 6 (Day) 1889 (Year)

8. AGE: Years 57 Months 4 Days 18 If less than one day hr. min.

9. Birthplace: Bardwell (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Schlueters Mfg. Co.

MOTHER FATHER

12. Name: William Hembree

13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: Malinda Adams

15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: William Hembree

(b) Address: 1100 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) NOV 25 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1946 hour 9:25 minute A. M.

21. I hereby certify that I attended the deceased from 21, 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 from Gunshot Wound of Aorta inflicted with gun in the hands of one Wm. Hembree during a battle with Walter Evans and his brother Tony Evans following the deceased being struck by Walter Evans and the William Hembree went to the aid of George Hembree and was butchered to the death and accidentally shot his brother while trying it was Tony Evans on top of him 7:24 P.M. 1946

Duration

Due to:

Due to:

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

Did tobacco or alcohol contribute to death?

Was operation for this condition performed?

Was 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): Accident

(b) Date of occurrence: Nov 23 1946

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Blast & Chamber (Specify type of place)

While at work? (e) Means of injury: as above

23. Signature: Patrick T. Taylor (M. D. or other) 3

Address: Deputy Coroner Date signed 11-23-46

(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.