

FILED DEC 17 1946

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State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10448

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

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:  
Enroute Homer G. Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 3 YEARS  
 years, months or days

3. (a) PRINT FULL NAME EVELYN SHARP SHAW  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race dbl  
 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 Feb 17 1908  
 (Month) (Day) (Year)  
 8. AGE: Years 38 Months 9 Days 13  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Columbus Miss  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation MAID

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Will Godbee  
 13. Birthplace Columbus Miss  
 (City, town, or county) (State or foreign country)  
 14. Maiden name IRENE FERKORSON  
 15. Birthplace Columbus Miss  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Will Godbee  
 (b) Address 1929 Biddle St  
 17. (a) BURIAL (b) Date thereof 12-10-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation GREENWOOD Cem  
 18. (a) Signature of funeral director Ellis FUNERAL Home  
 (b) Address 2820 Stoddard St  
 19. (a) DEC 6 1946 (b) J. F. Brebeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-60  
 (c) City or town ST LOUIS 11 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4201 W Finney Ave 9  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st  
 year 1946 hour 2:13 minute 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 Internal hemorrhage Duration  
from gunshot wounds of both lungs  
and liver inflicted with gun in  
Due to the hands of one, Henry Brown, Col.  
in her home, 4201-s Finney Avenue,  
Due to around 2:13 A.M., December 1, 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 December 1, 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 \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury gunshot  
 Signature Alfred Perry (M. D. or other) 3  
 Date signed 12/6/46

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 *Howard P. Rawland*

Licensed Embalmer No. *3114*

P. O. Address *St. Louis, Mo.*

**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.**