No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11555

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2931

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: 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2658 Delmar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cornelius Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
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 July (Month) 13 (Day) 1893 (Year)
8. AGE: Years 53 Months 8 Days 3 If less than one day hr. min.
9. Birthplace Charleston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Barber
11. Industry or business
MOTHER FATHER
12. Name Sam Smith
13. Birthplace Charleston (City, town, or county) Mo. (State or foreign country)
14. Maiden name Sally Henderson
15. Birthplace Charleston (City, town, or county) Mo (State or foreign country)
16. (a) Informant Martha Sanders
(b) Address 2842 Delmar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem
18. (a) Signature of funeral director English Und Co
(b) Address 2931 Lucas
19. (a) MAR 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1947 hour 3:00 minute A.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.

Duration

Immediate cause of death Internal hemorrhage following gunshot wound of Aorta inflicted with gun in the hands of one,
Due to Jessie Sykes, Col., in front of 2746 Delmar Boulevard, around 3:00 A.M.
Due to March 16, 1947.
HOMICIDE
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
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 March 16th, 1947
(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? street (public place) (Specify type of place)
While at work? no (e) Means of injury gun
23. Signature Patrick E. Taylor (M. D. or other) Dep Cor
Address 1300 Clark Date signed 3-19-47

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1947

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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 Burleson, Eng Cash

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas - A

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.