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ev. 5-17-39

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39927

State File No. 10549

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County: St Louis Mo
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Homer Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years
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. 1420 Cole St. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edmond McKenzie
3. (b) If veteran, name war
3. (c) Social Security No. 430-30-3945

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 17 (Day) 1913 (Year)

8. AGE: Years 34 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Bolivar County (City, town, or county) Miss (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Cotton Belt Rail Road

FATHER
12. Name Aleck McKenzie
13. Birthplace — (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Janie Smith
15. Birthplace — (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant O. D. McKenzie
(b) Address Arkansas City, Ark.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation McGhee Ark.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard
19. (a) NOV 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1947 hour 4 minute 50 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.

Immediate cause of death Hemo-pericardium following stab wound of heart inflicted with a knife in the hands of one Viola Yates Co. in the doorway of 1309 Cole St. around 4:40 AM Nov. 13, 1947

Duration

Due to

Date

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 Nov. 13 1947
(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? Home of Viola Yates (Specify type of place)
While at work? no (e) Means of injury Seabon

23. Signature Alfred J Perry (M. D. or other) 3
Address Deputy Coron Date signed 11/17/47

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

Jefferson City Printing Co.

(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: Howard F. Rowland

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.