

S. No. 2
1-12-45
v. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42981

FILED JAN 9 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11806**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alonzo Echols

3. (b) If veteran, name war none
3. (c) Social Security No. 327-22-9578

4. Sex Male 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 April 5 1926
(Month) (Day) (Year)

8. AGE: Years 21 Months 8 Days 20 hr. _____ min. _____
If less than one day

9. Birthplace Holly Springs Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Swift Pkg Co.

12. Name Sam Echols

13. Birthplace Holly Springs Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Moore

15. Birthplace Holly Springs Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Florine Pinson

(b) Address 514 Washington St. Brooklyn Mo

17. (a) Removal (b) Date thereof Dec 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Casthorus Ill

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 Mo. Blvd. East St. Louis Ill.

19. (a) DEC 26 1947 (b) J. F. Brant
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Sollers 999
(c) City or town Brooklyn
(If outside city or town limits, write "RURAL")
(d) Street No. 208 So. 6th St.
NR (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1947 hour 2 minute 30 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 _____ day and hour stated above.

Immediate cause of death Pharyngeal hemorrhage from stab wound of left pharynx
Penetration of the trachea
Robert Tolson (Cal) wd front
at 1230 No. 19th street Chicago
Dec 22 3:15 PM Dec 24 1947 during
an altercation with the deceased
John Echols.
(Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____
Of operations 168
Of autopsy _____
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) Justifiable homicide

(b) Date of occurrence Dec 24 1947

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public side walk
(Specify type of place)

While at work? _____ (e) Means of injury up above

23. Signature Robert E. ... (M. D. or other) _____
Address ... Date signed 12/24/47

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

MOTHER FATHER

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.....

Thomas Marshall Hubson

Registered Apprentice No. *492*

working under my personal supervision.

Signed *Lyla Hughes*

Licensed Embalmer No. *2938*

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.