

FILED AUG 28 1948
318MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 7145

Registration District No. _____

Primary Registration District No. 1003

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:
Pro. dech. Home 3 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 30 Yrs. years, months or days)

3. (a) PRINT
FULL NAMEVernon Black

3. (b) If veteran, _____

3. (c) Social Security No. _____

name war _____

4. Sex Male 5. Color or race N
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 Jan. 3rd. 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 7 8 hr. min.

9. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Peanut Vender11. Industry or business Self12. Name Andrew Black

13. Birthplace Meridian Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Octavia Grayson

15. Birthplace ? Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Iola Williams(b) Address 1217a N. Spring Avenue

17. (a) Burial (b) Date thereof Aug. 16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Ceme.18. (a) Signature of funeral director Peoples Und. Co.(b) Address 3100 Franklin Avenue19. (a) AUG 14 1948(b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1619 N. Glasgow 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 Aug. day 11th
year 1948 hour 10:40 minute P.P.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 Penetrating stab-wound
of heart, inflicted with knife in
the hands of one Albert Winston, Col.
at Beaumont and Franklin, around
10:40 P.M., August 11, 1948.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 8-11-1948
(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?
public place

While at work? no (Specify type of place) see above
Means of injury _____

23. Signature Gatrick E. Taylor, Dep. Cor.
(City, town, or county) (Date)
Address 1300 Clark 3 Date signed 8-12-48

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

John L. Petrus

Licensed Embalmer No. *4184*

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.