No. 300
10.48

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 10396

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 3040

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2
c. LENGTH OF STAY (In this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Branch 6 HOMER G. PHILLIPS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mun
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17
d. STREET ADDRESS (If rural, give location) 2227 a Randolph

3. NAME OF DECEASED (Type or Print)
a. (First) Fredick b. (Middle) Jerome c. (Last) Mathews

4. DATE OF DEATH (Month) 3/31 (Day) (Year) 49

5. SEX male
6. COLOR OR RACE negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH May 27, 1932
9. AGE (In years last birthday) 16 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Mathews
13b. MOTHER'S MAIDEN NAME Jones
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Jessie Jones Mathews **ADDRESS** 2227 a Randolp

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage following gunshot wound of both lungs and Aorta, suffered when shot with gun in the hands of one

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Edward Willis (Col.) about 10:23 P.M., March 31, 1949, on 23rd St. between Clark
DUE TO (c) and Randolph being aided and abetted by

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Tyree Layne, Clifford Hampton, Lionel Simpson, Bernard Beene, James Berry, Jesse Condrey, Shirlon Berry, Herschel Randolph, James Jarman and Walter Williams

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) Mar (Day) 31 (Year) 49 (Hour) 1023 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? See Above

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 1023 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner **23b. ADDRESS** 1300 Clark **23c. DATE SIGNED** 4-4-49.

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 4/6/49
24c. NAME OF CEMETERY OR CREMATORY Washington park
24d. LOCATION (City, town, or county) St. Louis Mo. (State)

DATE REC'D BY LOCAL REG. APR 4 1949
REGISTRAR'S SIGNATURE J. B. Lester
25. FUNERAL DIRECTOR'S SIGNATURE Dunn Funeral Home **ADDRESS** 215 So. Jefferso

(Licensed Embalmer's Statement on Reverse Side)

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

Name

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 ..... Student Embalmer No. .....

working under my personal supervision.

Signed S. J. Watson

Signed .....
Student Embalmer

Licensed Embalmer No. ~~[illegible]~~ 269[illegible]

P. O. Address 2769 Shoutee[illegible]

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.