

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17066
State File No. 17066
Registrar's No. 4463

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 3 years					
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to H.G. Phillips				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
3. NAME OF DECEASED (Type or Print) a. (First) John				b. (Middle) Walton		c. (Last) Bennett			
4. DATE OF DEATH (Month) (Day) (Year) May 14, 1949				5. SEX Male					
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 11, 1923		9. AGE (In years last birthday) Months Days 26			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oakwood, Texas			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Robert Bennett					
13b. MOTHER'S MAIDEN NAME Lillia Mae Kimber				14. NAME OF HUSBAND OR WIFE Gora Bennett					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lena Mae Randle, 3116 Hickory St.					
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 wounds of both lungs inflicted at the hands of one Oleather Taylor, Col, in front of 915 No. Elliott St. around 830 pm May 14 1949 DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Homicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (COUNTY) (STATE) St. Louis Mo. / 66		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 14 49 830 p.m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E.P.H.							
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 830 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Ruth M. Quinn				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/16/49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/20/49		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo			
DATE REC'D BY LOCAL MAY 19 1949		REGISTRAR'S SIGNATURE J. B. Leaton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Ave.					

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

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 _____

Paul V. Freeman

Student Embalmer No. 276

working under my personal supervision.

Paul V. Freeman

Signed _____
Student Embalmer

Signed _____

John R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.