

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

17157  
4413

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> <b>3</b> )		c. LENGTH OF STAY (In this place) OR TOWN <b>18 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>4</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute Homer G. Phillips Hos.</b>				d. STREET ADDRESS (If rural, give location) <b>1003 N. Glasgow At.</b>			
3. NAME OF DECEASED a. (First) <b>Cleopatra</b>		b. (Middle) <b>McConnell</b>		c. (Last) <b>Clark</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 - 15 - 1949</b>	
5. SEX <b>Female</b> <b>3</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 12, 1927</b>	
9. AGE (In years last birthday) <b>21</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sample Girl</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Containers' Mfg. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Meridian, Miss./</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Eunice Hudlin</b>		13b. MOTHER'S MAIDEN NAME <b>Ella McConnell</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-22-4035</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ella McConnell, 4100 Piggot Ave. East St. L.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal hemorrhage following stab wound of back</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>infiltrate with knife wounds of a/c. O.L. Bradley (col)</b> DUE TO (c) <b>in the home at 222 1/2 Cali Str. around 7:30 pm May 15 1949</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Homicide</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo 1</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>May 15 49 7:10 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>167</b>			
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 <b>7:10 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Blair E. Engler 3</b>				23b. ADDRESS <b>1308 Chest a</b>		23c. DATE SIGNED <b>5-16-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-20-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>	
DATE REC'D BY LOCAL <b>MAY 18 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, 2820 Stoddard St.</b>			

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Fulton C. Culkin*

Licensed Embalmer No.

*4198*

P. O. Address

*St. Louis 13*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.