

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27936

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7015

1348

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4723 Newberry Terrace		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. STREET ADDRESS 3727 Page Blvd		e. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 8 7 1949	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH December 19 1914
9. AGE (In years last birthday) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter	11. BIRTHPLACE (State or foreign country) Helina ark
10b. KIND OF BUSINESS OR INDUSTRY Steamboat		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Cornelius Cobbs		13b. MOTHER'S MAIDEN NAME Lillie Jones	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 499-12-2331		17. INFORMANT'S SIGNATURE OR NAME Lillie Mills 3727 Page Blvd	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>External hemorrhage from stab wound of neck. Gunshot wound of skull. Brain lacerated with a knife with a gun and cut with a knife at the hands of party parties</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Internal stab wound + place unknown</i>	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE <i>Homicide</i>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>unknown</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>unknown nhd / Mo</i>	
21d. TIME OF INJURY <i>unknown</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>stab and cut E 981 X</i>		22. I hereby certify that I attended the deceased from _____ 19____ to _____ 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.	
23a. SIGNATURE <i>Walter P. Roberts</i>		23b. ADDRESS 1300 _____	
23c. DATE SIGNED 8/10/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/12/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>C.W. Roberts</i>	
DATE REC'D BY LOCAL REG. AUG 11 1949		ADDRESS C.W. Roberts 1416 N. Taylor ave	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Fulton E. Culkin

Signed
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address St Louis 13. 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.