No. 300
10-48

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32272

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7885

524

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 3317 Lawton

3. NAME OF DECEASED (Type or Print) a. (First) W.T. b. (Middle) c. (Last) Trotman
4. DATE OF DEATH (Month) (Day) (Year) Sept 7. 1949
5. SEX M 2
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 11
8. DATE OF BIRTH Aug 10-1926
9. AGE (In years last birthday) 23 — 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) Labor.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Miss
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Thonnie Trotman
13b. MOTHER'S MAIDEN NAME Laura Steward
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.
17. INFORMANT'S SIGNATURE OR NAME Thonnie Trotman ADDRESS 3525 Market

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 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peritonitis
DUE TO (c) Gun shot wound of lyp leg

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pancreas at hands of one.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Adelaide Davis Cap about 11:15 PM 9/5/49
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.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 1610
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-5-49 11:45 P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Gun shot Wound E 9814

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 12:00 midnight m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Alfred Perry Deputy Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 9/9/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped
24b. DATE Sept 12/49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Durant Miss
DATE REC'D BY LOCAL REG. SEP 12 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE F. A. Green ADDRESS 4214 Delmar

(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 F. G. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.