

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 1003

State File No. 38642

318

9939

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 9939	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIPS HOSP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIPS HOSP.</u>		STREET ADDRESS (If rural, give location) <u>202 N. JEFFERSON AVE.</u>		3. NAME OF DECEASED a. (First) <u>SADIE</u> b. (Middle) <u>HALL</u> c. (Last) <u>DELONEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 14 49</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 14, 1912</u>	
9. AGE (In years last birthday) <u>37 YRS</u>		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) <u>MAID</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>COVINGTON, TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>DELL HALL</u>		13b. MOTHER'S MAIDEN NAME <u>DORA OWENS</u>		14. NAME OF HUSBAND OR WIFE <u>CLEVELAND DELONEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DORA ROGERS 1450th N. 22ND ST</u>			
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) <u>Internal Haemorrhage following Gun shot wound of Liver and Right Kidney</u> ANTECEDENT CAUSES <u>Gun shot wound of Liver and Right Kidney</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Kidney suffered when shot with Gun in the back of one King Kelly Jr</u> DUE TO (c) <u>Col. in Trench at 111 N. Jefferson Ave About 7:40 P.M. Nov 14-1949</u>					
II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Col. in Trench at 111 N. Jefferson Ave About 7:40 P.M. Nov 14-1949</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT — SUICIDE — HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Trench</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO AD</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>11-14-49 7:40 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above to 981X</u>					
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 _____, _____, from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Deunert Deputy Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11/18/49</u>			
24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pt Cem</u>		24d. LOCATION (City, town, or county) (State) <u>94 Clair Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>NOV 19 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fawcett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Walton</u>		ADDRESS <u>2707 Stoddard</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signature

Arthur L. Hilliard

Licensed Embalmer No.

4221

P. O. Address

4049 St Jender

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.