

FILED FEB 10 1950

STANDARD CERTIFICATE OF DEATH

2336
State File No. 957
Registrar's No.

318 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY St. Louis Missouri.		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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, Zone 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) 772 N. Euclid Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Caston c. (Last) Broyles			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28-1950
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 17, 1926
9. AGE (In years last birthday) 24 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	11. BIRTHPLACE (State or foreign country) Missouri (Fulton)
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jefferson C. Broyles	13b. MOTHER'S MAIDEN NAME Pearl Kibby
14. NAME OF MARRIAGE WIFE Marthell Broyles		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Pearl Hardy (Mrs)		ADDRESS 4282 W. Cote Brillante	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Internal hemorrhage following gunshot wounds of left lung and pulmonary artery suffered when shot with gun in the hands of one, Samuel Banks, Col., around 12:14 P.M. January 28, 1950, at 772 N. Euclid Avenue. JUSTIFIABLE HOMICIDE.			
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, BURN, SCALD, HOMICIDE (Specify) JUSTIFIABLE 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 6983		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> See above	
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 12:14 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1/30/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 2, 1950		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri (County)		25. FUNERAL DIRECTOR'S SIGNATURE Moses Adams, S.F.A.	
DATE REC'D BY LOCAL JAN 30 1950		REGISTRAR'S SIGNATURE [Signature] ADDRESS 3849 Windsor Pl.	

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

FEB 9 1955

1.0

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. A. 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.