

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14600
State File No. 3814
Registrar's No.

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

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 <i>MI</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2229</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>2131 WALNUT ST.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>HOMER G. PHILIP HOSP.</i>			
3. NAME OF DECEASED a. (First) <i>WILLIE</i> b. (Middle) <i>HASKINS</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>4-23-50</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>4-23-1901</i>
9. AGE (In years last birthday) <i>49</i>		10. AGE (In years last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABOR</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>SCOTTISH STEEL CO.</i>	
11. BIRTHPLACE (State or foreign country) <i>MISS</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>JOHN HASKINS</i>		13b. MOTHER'S MAIDEN NAME <i>IRENE</i>	
14. NAME OF HUSBAND OR WIFE <i>CLARA</i>		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 <i>Clara Haskins</i> ADDRESS <i>2531 W. 10th</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunsbat wound of Liver</i> ANTECEDENT CAUSES <i>inflicted with gun in the hands of one John Thomas (col) in camp 7325 Market St. aimed due to 356 pm Apr 23 1950</i> II. OTHER SIGNIFICANT CONDITIONS <i>Homicide</i> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <i>suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Apr 23 50</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>E. 981X</i>	
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 <i>3:50 P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Deputy</i> (Degree or title)		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>4/26/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIED</i>	24b. DATE <i>4-28-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>GREEN WOOD</i>	24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY MO</i>
DATE REC'D BY LOCAL REG. <i>APR 26 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Bennie Love</i>		ADDRESS <i>3103 Washington</i>	

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

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.

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