

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14819

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3650**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 2109	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3113 a N. Newstead</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Pearl</u>		a. (First Name) <u>PEARL G. PHILLIPS HOSPITAL</u>		c. (Last) <u>MOTEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 11, 1902</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 12 HRS. Days <u>2</u>	IF UNDER 1 HRS. Hours <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>OK</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>J. W. Moten</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ross</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Moten</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Give no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>43-061616</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roswell Moten #6 Washington Ave</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Internal and External hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>following stabwound of chest and ear, suffered when stabbed with knife in the hands of one Mary Moten (Col) wife of deceased, in home at 3113a N. Newstead Avenue, around 11:50 P.M. April 17, 1950. JUSTIFIABLE HOMICIDE.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E 983X</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 12:30 am, from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Perry Crutcher</u>	(Degree or title)	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>4/19/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Wabaska Ark</u>

DATE REC'D BY LOCAL REG. <u>APR 21 1950</u>	REGISTRAR'S SIGNATURE <u>J B Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkins Bros.</u>	ADDRESS <u>3644 Fering</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.