

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18075**
4098

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1711 Biddle St				d. STREET ADDRESS (If rural, give location) 14-17 N. 16th St.			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Johnnie		Frank		Conner		4. DATE OF DEATH (Month) (Day) (Year) 5 - 3 - 50	
5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 28, 1926	
9. AGE (In years last birthday) 23		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Conner			13b. MOTHER'S MAIDEN NAME Ora Morrow			14. NAME OF HUSBAND OR WIFE May Conner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) yes #2		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ora Conner 4555 Washington Ave.			
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) Gunshot wound of skull and brain suffered when shot with .38 Smith & Wesson in the hands of one Frank Vassallo in January 1911 DUE TO Biddle St. about 1200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Midnight May 3 1950				INTERVAL BETWEEN ONSET AND DEATH and	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Justifiable homicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) barren		ETC. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 3 50 12:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 69/BX			
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 about 1200 MIDNIGHT from the causes and on the date stated above.							
23a. SIGNATURE Wade Granberry				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/9/50		24c. NAME OF CEMETERY OR CREMATORY National Cemeary		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo	
DATE REC'D BY LOCAL REG. MAY 6 1950		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney Ave.			

11/11 M. 11/11

11/11 M. 11/11

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

Leroy W. Sannister

Licensed Embalmer No.

4523

P. O. Address

3880 Easton Rd

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.