No. 300
10.48

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

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18264

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4113

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pronounced dead at HOMER G. PHILLIPS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2179

d. STREET ADDRESS (If rural, give location) 3776 Finney 0

3. NAME OF DECEASED (Type or Print)
a. (First) Willie
b. (Middle)
c. (Last) Herron

4. DATE OF DEATH (Month) May (Day) 3, (Year) 1950

5. SEX Male 2
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Oct. 9, 1920
9. AGE (In years last birthday) 29 — IF UNDER 1 YEAR Months 6 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Private Family
11. BIRTHPLACE (State or foreign country) Whitesville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Pete Herron
13b. MOTHER'S MAIDEN NAME Milanda Bowers
14. NAME OF HUSBAND OR WIFE Paty Mae Herron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Janice Herron ADDRESS 4427 Delmar

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) Gunshot wound of heart and left lung, suffered when shot

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~with gun in the hands of one~~
DUE TO (c) Charlie Hart, col in front of about 3746 Cozens, around 942 pm May 3 1950

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Justifiable Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) May (Day) 3 (Year) 50 (Hour) 942 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E. 983 X

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 942 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner 3
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 5-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 5-11-50
24c. NAME OF CEMETERY OR CREMATORY J. F. Notwood Cem
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo

DATE REC'D BY LOCAL REG. MAY 6 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE C. T. Nash ADDRESS 3847 Page Mo

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 384 Page

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.