

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21771

State File No. 5740

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). 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	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		11. STREET ADDRESS (If rural, give location) 4328 1/2 Easton Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Orland b. (Middle) Kenneth c. (Last) McFarland			4. DATE OF DEATH (Month) (Day) (Year) 6/29/50		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/22/29	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 5 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY G.I. student	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James McFarland		13b. MOTHER'S MAIDEN NAME Marian Thompson		14. NAME OF HUSBAND OR WIFE Rosalie McFarland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. WW II		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosalie McFARLAND, 4328 1/2 Easton Avenue	

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* Myocardial infarction following stab wound of heart suffered when stabbed with knife in the hands of Paul Harper (see) and aided and abetted by one Paul Harper (see) in front of Paul Harper Lawmotel		INTERVAL BETWEEN ONSET AND DEATH stab wound
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. about 4257 St. Easton Ave about 1000 am June 29, 1950		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Homicide	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) 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) (Day) (Year) (Hour) June 29 50 100 P m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Stabbed

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 **140A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Whit Perry Deputy Coroner		23b. ADDRESS 1300 Clark Avenue		23c. DATE SIGNED 7/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/3/50	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
DATE REC'D BY LOCAL REG. 7/9 1950		REGISTRAR'S SIGNATURE J. B. Sasator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue	

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

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. 377

working under my personal supervision.

Student Henry F. Draper
Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.