

No. 300
10.48

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22190

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1462

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u> OR TOWN <u>WEBSTER GROVES</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u> OR TOWN <u>127</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>901 CORNELL ST</u> <u>401</u> | |

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|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>ESTES</u> a. (First) <u>JAMES</u> b. (Middle) _____ c. (Last) _____ | | 4. DATE OF DEATH <u>JUNE 10 1950</u> (Month) (Day) (Year) | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>COLO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>4/29-22</u> |
| 9. AGE (In years last birthday) <u>28</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLASTERER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION UNION</u> | 11. BIRTHPLACE (State or foreign country) <u>MO</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | 13. FATHER'S NAME <u>ROSCOE JAMES</u> | |

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|--|--|-----------------------------------|--|
| 13b. MOTHER'S MAIDEN NAME <u>HATTIE REDMOND</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u> | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>ROSCOE JAMES</u> | | ADDRESS <u>901 CORNELL ST</u> | |

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|---|--|---|--|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhax (lt.)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Stab wound of chest</u> | | |

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|---|---|--|
| 19a. DATE OF OPERATION <u>6-10-50</u> | 19b. MAJOR FINDINGS OF OPERATION <u>As above</u> | 19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT OR HOMICIDE (Specify) <u>HOMICIDE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fratricide</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster Groves St. Louis MO</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 10 1950 11 P.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>stabbed during fight</u> |

22. I hereby certify that I attended the deceased from JUNE 10, 1950, to JUNE 10, 1950, that I last saw the deceased alive on JUNE 10, 1950, and that death occurred at 1 1/2 A.M., from the causes and on the date stated above.

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|---|---|--|---|---------------------------------|
| 23a. SIGNATURE <u>Robert L. Coulter Jr.</u> (Degree or title) | | 23b. ADDRESS <u>601 S. Brentwood Clayton Mo</u> | | 23c. DATE SIGNED <u>6-10-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>6/14/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>FATHER PICKSON</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO</u> | |
| DATE REC'D BY LOCAL REG. <u>6-12-50</u> | REGISTRAR'S SIGNATURE <u>Herbert P. Wombe</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Swain & Lewis</u> | | ADDRESS <u>23 Euclid Ave</u> |

(Licensed Embalmer's Statement on Reverse Side)

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed

AD Richardson

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow dr*

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.