

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21280
5423
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		d. STREET ADDRESS (If rural, give location) 1816 Carr ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer B. Phillips Hospital			

3. NAME OF DECEASED (Type or Print) Sylvester	a. (First)	b. (Middle)	c. (Last) Jones Jr.	4. DATE OF DEATH (Month) (Day) (Year) 6-11-51
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 13, 1932	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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) Charleston, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A				

13a. FATHER'S NAME Jasper Jones	13b. MOTHER'S MAIDEN NAME Emma Lee Johnson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 491-34-9168	17. INFORMANT'S SIGNATURE OR NAME Emily Lee Parker	ADDRESS 1816 Carr. ST
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19. 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) Atrophic ulcers. Pulmonary Congestion		INTERVAL BETWEEN ONSET AND DEATH - unknown
	ANTECEDENT CAUSES (b) Generalized Oedema. Old gunshot wound of back. Morbid conditions, if any, giving rise to the above cause, including the underlying cause. 15th floor window. Handkerchief about 12:30 am		
II. OTHER SIGNIFICANT CONDITIONS (c) June 16 1950. after deceased attempted to throw handkerchief from 15th floor window. Marvin Haney in front of assault.		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 12:35 Handkerchief. Justifiable homicide	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR SUICIDE? 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) (Day) (Year) (Hour) Dec 16 50 12:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E981X

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 **10:50 a.m.**, from the causes and on the date stated above.

21a. SIGNATURE J. B. Laster	(Degree or title) 3rd Deputy	23b. ADDRESS 1300 Clark	23. DATE SIGNED 6/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-1951	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE W. Robinson & Sons	ADDRESS 1720 O'Fallon ST
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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

Leroy W. Barnister

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.