

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28101
7258

State File No. _____
Registrar's No. _____

No. 300
10.48

FILED AUG 25 1951

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		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		2229			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homen. S. Phillips		e. STREET ADDRESS (If rural, give location) 2124 Gratiot					
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) M		c. (Last) Buffington			
4. DATE OF DEATH (Month) (Day) (Year) Aug 10, 1951		5. SEX F		6. COLOR OR RACE Col			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug 29, 1939		9. AGE (In years last birthday) 11			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis MO			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Buffington		13b. MOTHER'S MAIDEN NAME Elizabeth Allen			
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) No		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Buffington		ADDRESS 2124 Gratiot					
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) Hemopericardium following stab wound of heart suffered when stabbed with knife in the hands of one Norma Jean Palmer (Col.) ANTECEDENT CAUSES in the hands of one Norma Jean Palmer (Col.) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. juvenile infight in front of about 2124 Gratiot St. around 9:15 P.M., Aug. 10, 1951. HOMICIDE DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (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) Aug. 10 1951 9:15		21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK (X) AT WORK (X)		21f. HOW DID INJURY OCCUR? E 982X			
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 _____ m., from the causes and on the date stated above.							
22a. SIGNATURE Joseph M. Quinn Deputy Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8/14/51			
22a. BUREAU, CREMATION, REMOVAL (Specify)		22b. DATE Aug 16/51		22c. NAME OF CEMETERY OR CREMATORY Greenwood Cem			
22d. LOCATION (City, town, or county) (State) St Louis MO		DATE REC'D BY LOCAL REG. AUG 14 1951		REGISTRAR'S SIGNATURE J. Earl Smith M. Co.			
22e. FUNERAL DIRECTOR'S SIGNATURE F. C. Green		ADDRESS 4214 Delmar					

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

F. C. Green

Licensed Embalmer No. *2963*

P. O. Address

4214 Delmar

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.