

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28818
7282
Registrar's No.

FILED AUG 25 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY 0

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

b. CITY OR TOWN St. Louis, Mo
c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
2119

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital

d. STREET ADDRESS (If rural, give location) 4470 (Rear) Easton Ave.

3. NAME OF DECEASED
a. (First) Emmett
b. (Middle) Roy
c. (Last) Vinson

4. DATE OF DEATH (Month) (Day) (Year)
8 12 1951

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH June 21, 1933

9. AGE (In years last birthday) 18
IF UNDER 1 YEAR Months Days
IF UNDER 12 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 Wash. Carpet Cl.

11. BIRTHPLACE (State or foreign country) St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Emmett Vinson

13b. MOTHER'S MAIDEN NAME Amanda Ford

14. NAME OF HUSBAND OR WIFE Single

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. Unk.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Emmett Vinson 4470 (Rear) Easton Ave

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) Gunsheet wound of spine and head, suffered under shot with gun in the hands of Chas. Watts (col) in the vicinity of Goode and Este Brillante Ave., about 5:30 am Aug 12 1951
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 Homicide

20. AUTOPSY YES NO

21a. ACCIDENT OR SUICIDE (Specify) Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)
Aug 12 5:30 AM

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? E 981X

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 5:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Natuel B. Taylor, Coroner

23b. ADDRESS 1300 East

23c. DATE SIGNED 8.15.51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/17/51

24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.

24d. LOCATION (City, town, or county) (State) St. Louis, Mo

DATE REC'D BY LOCAL REG. AUG 15 1951

REGISTRAR'S SIGNATURE J. Earl Smith 24 19-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
C.W. Roberts 1416 N. Taylor Ave.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James Carter

Licensed Embalmer No. *4681*

P. O. Address *4923 Schubert Jr*

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.