

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9928**

FILED MAR 29 1952

318

PRIMARY REG. DIST. NO. **1003**Registrar's No. **2663**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>9 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>4808 Northland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Abram</u>		b. (Middle) <u>Felix</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3 16 52</u>	
5. SEX <u>✓</u> <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 16, 1922</u>
9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shevrolet Shell</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Abe Felix</u>	
13b. MOTHER'S MAIDEN NAME <u>Irene Shannon</u>		14. NAME OF HUSBAND OR WIFE <u>Lessie Felix</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War 2</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Albert Jentry</u>		ADDRESS <u>3992a Windsor</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Subarachnoid hemorrhage of brain following beating administered by party + parties unknown in vicinity of 1432 Biddle St. Duesseldorf 12:52 am Mar 16 1952</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>after altercation in room and restaurant at 1432 Biddle St.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Justifiable Homicide</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis Mo</u>	
21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>		21c. HOW DID INJURY OCCUR? <u>6982X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mon 16 52 12A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>745A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Albert Jentry</u>		23b. ADDRESS <u>1300 Conkle</u>	
23c. DATE SIGNED <u>3/19/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Daniels, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.B. Rounce</u>	
25. ADDRESS <u>1221 N. Grand</u>		DATE REC'D BY LOCAL REG. <u>MAR 21 1952</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.B. Rounce</u>	

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 _____

Suzanne Cresano

Signed
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 221 N. Grand

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.