

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43728

State File No. \_\_\_\_\_  
Registrar's No. **10481**

FILED DEC 30 1952

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>St. Louis</b> 2219	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>27 1321 ELLIOTT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOMER G PHILLIPS</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lee</b> b. (Middle) <b>PIRISON</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>11 8 52</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>10-29-27</b>
9. AGE (In years last birthday) <b>25</b>	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>GOULD ARK</b>	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SOLDIER</b>			

13a. FATHER'S NAME <b>?</b>	13b. MOTHER'S MAIDEN NAME <b>DELZORA ROSS</b>	14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>Korean War</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Gola Welsh</b> ADDRESS <b>905 S. 15th TELORDA</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>External Hemorrhage following gunshot wound of chest, suffered when deceased was shot with gun in hands of one identified as Robert Williams (Col.) in hold-up in front of about 1211 N. Jefferson Ave. around 10:30 P.M., Nov. 8, 1952.</b>	DUE TO (b) <b>gun in hands of one identified as Robert Williams (Col.) in hold-up in front of about 1211 N. Jefferson Ave. around 10:30 P.M., Nov. 8, 1952.</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>HOMICIDE</b>	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>HOMICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home On Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11/8/52 10:30 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See Above E981X</b>

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 **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold E. Rayson</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11.14.52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>11-17-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>
24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRICK MO.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter F. Walton</b> ADDRESS <b>2707 Stead</b>	
DATE REC'D BY LOCAL REG. <b>NOV 14 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	

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

JUL 9 1953

**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 Arthur L. Heilman

Licensed Embalmer No. 422

P. O. Address 4524 Aldine

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.