

STANDARD CERTIFICATE OF DEATH

State File No. **45059**
Registrar's No. **11850**

FILED JAN 26 1953

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 Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 12 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION Pullman Tavern-Jeff & Pine			d. STREET ADDRESS (If rural, give location) 2619 Pine Street		
3. NAME OF DECEASED (Type or Print) a. (First) Rosie b. (Middle) Lee c. (Last) Runnels			4. DATE OF DEATH (Month) (Day) (Year) 12/20/52		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/19/30	9. AGE (In years, last birthday) 22	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Helena, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Grisby		13b. MOTHER'S MAIDEN NAME Ella Mae Morrison		14. NAME OF HUSBAND OR WIFE Ural L.C. Runnels	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ural Runnels, 746a Aubart Avenue			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Internal and external hemorrhage following stab wound of neck followed when stabbed with knife in the hands of one Corinne Morrison (col) who was aided and abetted by one Jasher Patton (col) in Edgewood at 123 No Jefferson Ave. about 4:30 pm Dec 20 1952 Homicide				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION 1952	19b. MAJOR FINDINGS OF OPERATION Homicide				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) basement	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 20 52 4:30 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E982X			
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 4:40 m., from the causes and on the date stated above.					
23a. SIGNATURE Patrick E Taylor			23b. ADDRESS 1300 Clark Avenue	23c. DATE SIGNED 12 24 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 27 1952	24c. NAME OF CEMETERY OR CREMATORY Graveyard Dickson	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG DEC 24 1952	REGISTRAR'S SIGNATURE Charles M. ...	25. FUNERAL DIRECTOR'S SIGNATURE John ...	ADDRESS 7083 ...		

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.....

Thomas J. Gales

Signed.....

Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.