No. 300
10-48

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7751

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1316

17

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 821 3/4 N. 16

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY 2259
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 0
d. STREET ADDRESS (If rural, give location) 821 N. 16

3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) M. c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year) 1 2 53

5. SEX Male

6. COLOR OR RACE Negro

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

8. DATE OF BIRTH Mar 1869

9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank

10b. KIND OF BUSINESS OR INDUSTRY Mr

11. BIRTHPLACE (City and State or Foreign Country) Mr 9

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Mr

13b. MOTHER'S MAIDEN NAME Mr

14. NAME OF HUSBAND OR WIFE Mr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Mr (If yes, give war or dates of service) Mr

16. SOCIAL SECURITY NO. Mr

17. INFORMANT'S SIGNATURE OR NAME E. Taylor 1300 Clark — ADDRESS

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, asthenia, 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) Gun shot wound of liver Suffered [illegible]

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Shot within the hands of one

DUE TO (c) Velma Smith in Room of Home 821-a

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* N. 16 St. about 2:00 am Jan 4-53

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide

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

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 4 53 m.

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

21f. HOW DID INJURY OCCUR? Gun Shot 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 9 pm, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] Deputy Coro

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 1/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 2-28-53

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

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

DATE REC'D BY LOCAL REG. FEB 4 1953

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service — ADDRESS 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Studen at College of Mortuary Science, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph W. Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, Mo.

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.