

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7975  
State File No. \_\_\_\_\_  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1744

BIRTH NO. MAR 11 1953

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 Rought Hammer &amp; Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>21 2725 LUCAS AVE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>STAR</u> c. (Last) <u>RR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-15 1925</u>
9. AGE (In years last birthday) <u>27</u> 10. MONTHS <u>11</u> 11. DAYS <u>26</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis MO</u>	
13a. FATHER'S NAME <u>Sylvester Starr</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MAMIE STARR</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.#2</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME (Print) ADDRESS <u>Mamie Starr 2725 Lucas</u>	
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) <u>Internal hemorrhage following gunshot wounds of chest, suffered when deceased was shot by police officers Briggs and Carter during course of house at 626 a north</u> ANTECEDENT CAUSES <u>gunshot wounds of chest, suffered when deceased was shot by police officers Briggs and Carter during course of house at 626 a north</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Deceased about 1100 am Feb 10 1953 in the performance of official duties of justifiable homicide</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>of official duties of justifiable homicide</u>	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH _____	
21a. ACCIDENTAL OR SUICIDE? <u>Justifiable homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>House</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 10 53 11A</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E984X</u>	
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>1100A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter Perry Opt Co</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>2/14/53</u>		24. LOCATION (City, town, or county) (State) <u>St. Louis Co., MO.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATL. CEM. JEFFERSON BK.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 14 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert G. Walton 2707 Standard</u>	

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

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AUG 27 1959

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. Hilliard

Licensed Embalmer No. 4221

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.