

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15640**
3120
Registrar's No.

FILED APR 23 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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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) 35 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Homer Phillips Hosp.		d. STREET ADDRESS (If rural, give location) 12 4726a McMillan	
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Britton c. (Last) Duvall		4. DATE OF DEATH (Month) (Day) (Year) March 19, 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Oct. 29, 1914
9. AGE (In years last birthday) 38		10. UNDER 1 YEAR (Months) 4	10. UNDER 1 MRS. (Days) 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Mo. Baptist Hosp.	
11. BIRTHPLACE (State or foreign country) East St. Louis, Ill.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Edward L. Duvall		13b. MOTHER'S MAIDEN NAME Hattie Britton	
14. NAME OF HUSBAND OR WIFE Elease			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 11		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mary Jett		ADDRESS 4836 Labadie Ave.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Bullet wound penetrating the brain II. OTHER SIGNIFICANT CONDITIONS restaur aut at 4318 Delmar Blvd	
INTERVAL BETWEEN ONSET AND DEATH suffered when shot with gun in the hands of one Alvin Robinson (col) in the vicinity of 4328 Delmar St. after deceased had cut Robinson in			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Justifiable homicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 19 53 6:00		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 6:00 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Patrick E Taylor (Degree or title) Coroner 3		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3.23.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/24/53	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 23 1953 J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave.	

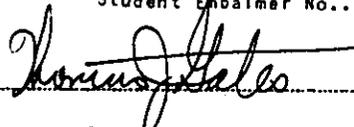
STATEMENT BY LICENSED EMBALMER

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 _____



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.