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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33505

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8315

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): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 21 1021 N. 18th. St. 2219

3. NAME OF DECEASED (Type or Print)
a. (First): Lela
b. (Middle):
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1953

5. SEX: Female 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 5, 1923
9. AGE (In years last birthday): 30 — If under 1 year: Months 4, Days 19 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Charity Barnes 4301 S. Broadway
11. BIRTHPLACE (City and State or Foreign Country): Dublin, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Willie Banks
13b. MOTHER'S MAIDEN NAME: Pearl Sanders
14. NAME OF HUSBAND OR WIFE: Freddie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Pearl Banks 1714 Cole St.

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* (a) Hemorrhage caused by stab wound right chest, cuts right chest and pericardial (b) cavity, stab wound entered diaphragm and (c) pericardial sac; suffered

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the condition causing it. (a) Shock juvenile gun shuffle in front

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 8/24/53
19b. MAJOR FINDINGS OF OPERATION: 21 N. 18th St. on Aug 24 about 9:45 pm
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE: Justifiable Homicide
21b. PLACE OF INJURY (e.g., 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): Aug 24 53 9:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1:20 A m., from the causes and on the date stated above.

23a. SIGNATURE: Joseph M. Luebbering (Degree or title) Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 8/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 31, '53
24c. NAME OF CEMETERY OR CREMATORY: Oak Dale Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG. AUG 27 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. J. Nash 3879 Page
(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. T. Nash

Licensed Embalmer No. 24

P. O. Address 3847 Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.