

STANDARD CERTIFICATE OF DEATH

33704

State File No.

8383

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY		b. CITY (If outside corporate limits, write RURAL and give township)		a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
b. CITY OR TOWN St. Louis		b. yrs. 6 yrs.		b. CITY OR TOWN St. Louis		b. 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
Homer G. Phillips				2907 BELL			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Joe			b. (Middle)			c. (Last) Mayer	
b. (Middle)			c. (Last)			8-23-1953	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male		Negro		Married		7-7-1913	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
70		Months		Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)	
Laborer			-			Mississippi	
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME				
U.S.A.			Will Mayer				
			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
			Wash?			AdLine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
No.			-			AdLine Mayer-3105 Lucas	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra-abdominal hemorrhage (Meningeal) Contrib. stabwound left upper thorax, suffered when stabbed with knife in the hands of one Rosie Lee Whitaker after deceased had scuffle in home at 2907 Bell Ave. about 7:10 P.M. Aug 23, 1953					
		INTERVAL BETWEEN ONSET AND DEATH					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) knife in the hands of one Rosie Lee Whitaker after deceased had scuffle in home at 2907 Bell Ave. about 7:10 P.M. Aug 23, 1953					
		DUE TO (c) cut Rosie Lee Whitaker in scuffle in home at 2907 Bell Ave. about 7:10 P.M. Aug 23, 1953					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
		Justifiable homicide					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
				E982 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 8:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)			23b. ADDRESS			23c. DATE SIGNED	
Samuel L. Taylor, Coroner			1303 Clark Ave			8/28/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Removal		8-29-53		Oakdale Cem.		St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
AUG 28 1953		J. Carl Smith, M.D.		Manuel Und. Co. 4059 Finney St.			
S.P. (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 embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

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.