

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34079

State File No.

FILED OCT 15 1953 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8782**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 13 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Homer L. Phillips Hos		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2219 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis d. STREET ADDRESS (If rural, give location) 21 1318th Hogan St	
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3. NAME OF DECEASED (Type or Print) Alonso a. (First) _____ b. (Middle) _____ c. (Last) Small			4. DATE OF DEATH (Month) (Day) (Year) 9 7 53			
5. SEX M	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-20-1906		9. AGE (in years last birthday) 46 # UNDER 1 YEAR _____ # UNDER 1 MONTH _____ # UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Washer			10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and State or Foreign Country) Yagoo City Miss	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Alonso Small Sr.	13b. MOTHER'S MAIDEN NAME Julia Maynard	14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never; unknown; No) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS Cedell C. Small 1228th. 15 St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage caused by severing carotid artery (left) by a bullet wound suffered when shot with gun in hands of one Miller Dice in tavern at 1416 Bissell St. about 9:20 P.M. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sept. 7, 1953 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) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) tavern	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/7/53 9:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? See above	E981X

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 **9:30 P.M., from the causes and on the date stated above.**

23a. SIGNATURE Herick E. Taylor, Coroner	23b. ADDRESS 220 Clark Ave	23c. DATE SIGNED 9/10/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Canton Miss	24b. DATE 9-12-53	24c. NAME OF CEMETERY OR CREMATORY Canton Cemetery	24d. LOCATION (City, town, or county) (State) Yagoo County Miss
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DATE REC'D BY LOCAL REG. SEP 10 1953 **REGISTRAR'S SIGNATURE, J. Carl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**
G. S. Lowe 2930 Dickson St.

* (Licensed Embalmers' 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Heilman

Licensed Embalmer No. 4921

P. O. Address 4524 Aldin

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

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