

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44102**
Registrar's No. **11449**

FILED DEC 17 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11449		
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)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Homer G. Phillips				6. STREET ADDRESS (If rural, give location) 2812 N. Euclid				
3. NAME OF DECEASED (Type or Print) a. (First) Jahn b. (Middle) Henry c. (Last) Booker			4. DATE OF DEATH (Month) (Day) (Year) 11 28 53					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 1-23-1919		
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 5		IF UNDER 1 MIN. Hours 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Paper Stock Co.			11. BIRTHPLACE (City and State or Foreign Country) / Mariana, Arkansas		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Westley Booker		13b. MOTHER'S MAIDEN NAME Emily Davis		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. 432-344-96761		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emily Booker 2812 N. Euclid				
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Changemination from penetrating wound of the left external Carotid Artery inflicted with knife in the hands of one Adolph Thomas during altercation in the restaurant at 2744 Franklin Blvd. around 248 pm Nov 28, 1953 Homicide					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1953					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) Restaurant		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 28 53 2 p		21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E982X				
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>248</u> m., from the causes and on the date stated above.								
23a. SIGNATURE Walter Perry				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12/2/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-4-53		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri		
DATE REC'D BY LOCAL REG. DEC 3 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, 2820 Stoddard St.				

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fulton E. Culler

Licensed Embalmer No. 4195

P. O. Address St. Louis

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

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