

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13602**
3316
Registrar's No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** 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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer Phillips Hospital** e. STREET ADDRESS (If rural, give location) **21 2917 a Thomas Street 2219 0**

3. NAME OF DECEASED a. (First) **Edward** b. (Middle) c. (Last) **Irby** 4. DATE OF DEATH (Month) (Day) (Year) **4 10 54**

5. SEX **M.** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married** 8. DATE OF BIRTH **12-12-1924** 9. AGE (In years last birthday) (Month) (Day) **29 2 7** IF UNDER 1 YEAR: (Year) (Month) (Day) IF UNDER 1 HR.: (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Lab** 10b. KIND OF BUSINESS OR INDUSTRY **Liggett Meyers** 11. BIRTHPLACE (City and State or Foreign Country) / **Miss** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Irby** 13b. MOTHER'S MAIDEN NAME **Georgia Irby** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **W.W. 2** 16. SOCIAL SECURITY NO. **427-30-4021** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Georgia Irby, ---- 2917 a Thomas St.**

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) **Frangulation from gunshot wound of the right auricle and the wing canal suffered when shot with gun in the hands of Harry Hable (col) in front of 3348 Lashide Ave., about 10:00 pm Apr 10 1954.**
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 disease or condition causing death.**
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **Homicide** 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) **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) (Min.) **Apr 10 34 50 PM** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph M. Deussen** (Specify rank or title) **Deputy Registrar** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **4/13/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4-16-54** 24c. NAME OF CEMETERY OR CREMATORY **Antioch Cemetery** 24d. LOCATION (City, town, or county) (State) **COLD WATER MISS.**

DATE REC'D BY LOCAL REG. **APR 14 1954** REGISTRAR'S SIGNATURE **Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **T McCLENDON 4525 WASHINGTON**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.