

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24839

State File No. ....

318

1003

Registrar's No. .... 6271

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>626 a South Garrison Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pronounced dead Homer Phillips</b>				d. STREET ADDRESS (If rural, give location) <b>626 a South Garrison Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Langford</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 - 8 - 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 6, 1902</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <b>Potosi, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Heat Pourer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>		11. BIRTHPLACE (State or foreign country) <b>Potosi, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>John E. Langford</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Wansley</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille Langford</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lucille Langford, 626a S. Garrison</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Traumatic Hemorrhage</b> <b>Contrib. - Gun shot wound, left knee, severing left popliteal artery; suffered when shot with rifle in hands of one Fred Hall, in front of about 628 South Garrison Ave. about 5:45 am.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death and related to the disease or condition <b>Gun shot wound, left knee, severing left popliteal artery; suffered when shot with rifle in hands of one Fred Hall, in front of about 628 South Garrison Ave. about 5:45 am.</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>July 8, 1954</b> <b>Homicide</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>		21f. HOW DID INJURY OCCUR? <b>E981X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>July 8 54 50 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at <b>7:00 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick J. Taylor Caraway</b> (Degree or title) _____		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7.12.54.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-14-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>POTOSI</b>		24d. LOCATION (City, town, or county) (State) <b>Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 12 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. J. Baker &amp; Son Funeral Home 3201 N. Newstead Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*W. Claude Jordan*

Licensed Embalmer No. \_\_\_\_\_

*13489*

P. O. Address \_\_\_\_\_

*4575 Albee*

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

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