

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32322**
8089

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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 town or township) St. Louis, Mo.		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 type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Homer Phillips				STREET ADDRESS (If rural, give location) 3016 Dickson St. 221/0					
3. NAME OF DECEASED (Type or Print) a. (First) Earl			b. (Middle) _____		c. (Last) West		4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1954		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 1, 1903		9. AGE (In years last birthday) 51 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Bahama Co.		11. BIRTHPLACE (City and State or Foreign Country) Tennessee			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown			16. SOCIAL SECURITY NO. 489-20-8466		17. INFORMANT'S SIGNATURE OR NAME Patrick Taylor ADDRESS 1300 Clark Ave.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subdural Hematoma, Secondary to Gun Shot wound of the head ANTECEDENT CAUSES to Gun Shot wound of the head Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Suffered when shot with Gun DUE TO an the hands of one Tom Stanton II. OTHER SIGNIFICANT CONDITIONS in home at 869 No. Jefferson Conditions contributing to the death but not related to the disease or condition causing death. lived about 1130 a.m. Aug. 21 - 1954						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Home						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.) Home		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/21/54 - 4 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 7 A. m., from the causes and on the date stated above.									
23a. SIGNATURE Joseph M. Deussen (Name or title)				23b. ADDRESS 1300 Clark			23c. DATE SIGNED 9/2/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-2-54		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. SEP 2 1954		REGISTRAR'S SIGNATURE Carl Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burks Funeral Home 3506 Franklin Ave.				

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

(Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed *Thos G. Yandell*

Licensed Embalmer No. *424*

P. O. Address *Webster*

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.