

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **43815**
Registrar's No. **11447**

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 Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Brentwood 4511	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 8708 Rose Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Home & Phillips			

3. NAME OF DECEASED (Type or Print) Melvin McNeil			4. DATE OF DEATH (Month) (Day) (Year) 12 14 54		
a. (First)		b. (Middle)		c. (Last)	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Sept. 12, 1934		9. AGE (In years last birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	
11. BIRTHPLACE (City and State or Foreign Country) Brentwood Mo		12. CITIZEN OF WHAT COUNTRY? USA		13. MOTHER'S MAIDEN NAME Hessene Dukes	
13a. FATHER'S NAME Melvin McNeil		14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Jessie Gray		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Gunshot wound of heart, suffered when shot with gun in the hands of one George Wing, a merchant, in doorway of store at 3336 Franklin Avenue, about 2:40 A.M., December 15, 1954.	

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gunshot wound of heart, suffered when shot with gun in the hands of one George Wing, a merchant, in doorway of store at 3336 Franklin Avenue, about 2:40 A.M., December 15, 1954.			
		ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.			

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? see above	
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22. I hereby certify that I attended the deceased from **see above** to **see above**, 19**54**, that I last saw the deceased alive on **see above**, 19**54**, and that death occurred at **see above** from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn		23b. ADDRESS 1300 Clair		23c. DATE SIGNED 12/15/54	
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE Dec 18, 1954		24c. NAME OF CEMETERY OR CREMATORY Father Nelson Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Funeral Home		ADDRESS 8704 Finney	

DATE REC'D BY LOCAL REG. DEC 16 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Funeral Home	
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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 *W. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *4575 Ala*.....

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.