

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2319**
0382

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. Missouri				b. COUNTY _____	
b. CITY 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 type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA CITY Hosp # 1 B				e. STREET ADDRESS (If rural, give location) 3140 Hickory				f. 189	
3. NAME OF DECEASED (Type or Print)		a. (First) Dorothy		b. (Middle) 0 Bell		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Jan 11 55	
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH De. 1-1928		9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Starksville Miss		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Jones Elbert Benes			13b. MOTHER'S MAIDEN NAME Addie Bush			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Addie Jones ADDRESS 3140 Hickory					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Massive intra abdominal hemorrhage, gunshot wound of back penetrating abdomen, suffered when shot with gun in the hands of one William (Pete) Wilson (d.) in room of 3140 Hickory Str. about 15 pm., Jan 11, 1955 Homicide						INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death _____									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 15 pm., Jan 11, 1955 Homicide						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, or office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 11 55 10¹⁵ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E98N					
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 1:15 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Patrick Taylor Cooney				23b. ADDRESS 1300 Chest			23c. DATE SIGNED 1:13.55.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17-55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barricks MO			
DATE REC'D BY LOCAL REG. JAN 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Station 2769 Chouteau				

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

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 269

P. O. Address 2769 Chow

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.