

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13195  
Registrar's No. 3261

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE. <i>Missouri</i><br>b. COUNTY |  |
| b. CITY OR TOWN <i>St Louis</i>  |  | c. CITY OR TOWN <i>St Louis</i>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homea G. Phillips</i>   |  | e. STREET ADDRESS (If rural, give location) <i>21 1137 1/2 N. Leonard 12219</i>  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Eddie</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>4 6 55</b>  |  |
| 5. SEX <i>Male</i>   |  | 6. COLOR OR RACE <i>Negro</i>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>  |  | 8. DATE OF BIRTH <i>Dec. 1, 1925</i>   |  |
| 9. AGE (In years last birthday) <i>29</i>  |  | 10. UNDER 1 YEAR Months Days   |  |
| 11. UNDER 24 HRS. Hours Mins.  |  | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <i>Etas Tenn.</i>   |  | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>  |  |
| 13a. FATHER'S NAME <i>Charlie Chaffin</i>  |  | 13b. MOTHER'S MAIDEN NAME <i>Levante Williams</i>  |  |
| 14. NAME OF HUSBAND OR WIFE <i>Ruby G. Chaffin</i>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>  |  |
| 16. SOCIAL SECURITY NO. <i>409-36-1165</i>   |  | 17. INFORMANT'S SIGNATURE OR NAME <i>Ray G. Chaffin</i>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><i>Bronchopneumonia, Central</i>  |  | 19. INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia, Central</i>  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.<br><i>Gun shot wound of spine severing spinal cord (6th and 7th level) suffered when shot with gun</i> |  | <i>about 1045 pm. March 29 1955.</i>   |  |
| DUE TO (b) <i>shot</i>   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |
| DUE TO (c) <i>shot</i>   |  | 21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>                              |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death (a) related to the disease or condition causing death.<br><i>Chaffin, in room of home at 21 N. Leonard, about</i>   |  | 22. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St Louis Mo.</i>   |  |
| 19a. DATE OF OPERATION <i>1045 pm. March 29 1955.</i>  |  | 23. HOW DID INJURY OCCUR <i>E981X</i>  |  |
| 21a. APPLICABLE SUICIDE REPORTED <i>Not applicable</i>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>                             |  |
| 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St Louis Mo.</i>  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Mar 29 55 10 p.m.</i>   |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR <i>E981X</i>   |  |
| 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 <i>7:20 p.m.</i> , from the causes and on the date stated above.                                     |  |  |  |
| 23a. SIGNATURE <i>Ray G. Chaffin</i>   |  | 23b. ADDRESS <i>1300 Clark</i>   |  |
| 23c. DATE SIGNED <i>4/12/55</i>  |  | 24. NAME OF CEMETERY OR CREMATORY <i>Memphis</i>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Home</i>  |  | 24b. DATE <i>APR 12 1955</i>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <i>Memphis</i>  |  | 24d. LOCATION (City, town, or county) (State) <i>Tenn.</i>   |  |
| DATE REC'D BY LOCAL REG. <i>APR 12 1955</i>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>   |  |
| REGISTRAR'S SIGNATURE <i>Carl Smith</i>  |  | ADDRESS <i>Boys Funeral Home 3704 Finney</i>   |  |

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed *Fulton E. Culkin*

Licensed Embalmer No. *419*

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.