

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20227**
Registrar's No. **4846**

FILED JUN 20 1955

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	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 <u>Homer S. Phillip Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>21 3230 Lucas</u>	
3. NAME OF DECEASED a. (First) <u>Willie</u> b. (Middle) <u>B.</u> c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 2 55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>No</u>	8. DATE OF BIRTH <u>9-28-36</u>
9. AGE (In years last birthday) <u>18</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10. b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joseph Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Pearlie Mae Martin</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Pearlie Mae Martin</u> ADDRESS <u>3230 Lucas</u>	
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) <u>Stab Wound of Heart; suffered when stabbed with knife in the hands of one Arthur Leonard and Washington Ave., about 11:00 P.M., June 1st, 1955</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <u>Lott, in scuffle in vicinity of</u> DUE TO (c) <u>P.M., June 1st, 1955</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>JUSTIFIABLE HOMICIDE</u>	
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) <u>Justifiable Homicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>See Above</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-1-55 11:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>See Above</u>		<u>E982X</u>	
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 <u>11:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph M. [Signature]</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>6/3/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-6-55</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Funeral Home</u> ADDRESS <u>3704 Finney Av.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 3 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 *H. Claude Gord*

Licensed Embalmer No. *340*

P. O. Address *45756*

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.