

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20525  
5208

FILED JUN 27 1955

318

1003

|   |  |   |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. _____  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis MO</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY _____ |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR OR TOWN <u>St. Louis MO</u> )   |  | c. LENGTH OF STAY (In this place) _____   |  | 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>Hosp #1</u>  |  |   |  | e. STREET ADDRESS (If rural, give location) <u>2289 28th St</u>  |  |  |  |  |
| 3. NAME OF DECEASED (First) <u>Carl</u> (Middle) _____ (Last) _____   |  |   | b. (Middle) _____                              |  |  | c. (Last) _____  |  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>5 15 55</u>  |  |   | Male Negro Unknown Name                        |  |  |  |  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>Negro</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>  |  | 8. DATE OF BIRTH <u>abt 1930 or 1935</u>   |  |  |
| 9. AGE (In years last birthday) <u>20-25</u>  |  | IF UNDER 1 YEAR Months _____  |  | IF UNDER 2 HRS. Days _____   |  | IF UNDER 24 HRS. Hours _____   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>never</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>never</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>never</u>              |  | 12. CITIZEN OF WHAT COUNTRY? _____     |  |
| 13a. FATHER'S NAME <u>never</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>never</u>         |  |  | 14. NAME OF HUSBAND OR WIFE <u>never</u>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>never</u>   |  |   | 16. SOCIAL SECURITY NO. <u>never</u>           |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P. G. Taylor Co. 1300 Clark</u> |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Shot wound of skull and brain</u>  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____ |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>Suffered when shot with gun in hands</u> |  |  |  |  |  |  |
|   |  | DUE TO <u>Police officer Donald Bonak in vicinity of 8th &amp; Locust St. abt 3:am May 15-1955</u>  |  |  |  |  |  |  |
| 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 <u>In the line of official Police duty justifiable homicide</u>  |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                       |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis E984 MO</u>   |  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 15 55</u>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>Shot by Police officer</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>3:01 am.</u> , from the causes and on the date stated above. |  |   |  |  |  |  |  |  |
| 23a. SIGNATURE <u>Patrick C. Taylor</u>   |  |   |  | 23b. ADDRESS <u>1300 Clark</u>   |  | 23c. DATE SIGNED <u>6. 14 55</u>   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>  |  | 24b. DATE <u>6-16-55</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>  |  |  |
| DATE REC'D BY LOCAL REG. <u>JUN 16 1955</u>   |  | REGISTRAR'S SIGNATURE <u>Carl Smith</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Peoples Und. Co.</u>   |  | ADDRESS <u>3100 Franklin Ave.</u>  |  |  |

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..

NOT EMBALMED      BURIED BY CITY

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.