No. 300
10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30564

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8277

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) Life
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pronounced dead Homer Phillips 21
STREET ADDRESS (If rural, give location) 2623 Delmar Avenue 221 9/0

3. NAME OF DECEASED (Type or Print) a. (First) Sherman b. (Middle) c. (Last) Barnes

4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1955

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 29, 1924
9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months 8 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Walter Barnes
13b. MOTHER'S MAIDEN NAME Emma McDonald
14. NAME OF HUSBAND OR WIFE Louise Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY NO. 495-12-6691
17. INFORMANT'S SIGNATURE OR NAME Emma McDonald Barnes ADDRESS 2842 Franklin

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and Internal Hemorrhage secondary to bullet which passed through stomach and intestines and aorta; suffered when shot with gun in hands of one Lt. Simms, in altercation home at 2649 Delmar (rear) about 120 pm., Sept 18th 1955.

ANTECEDENT CAUSES DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION Justifiable
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE)

21d. TIME OF INJURY (Month) Sept (Day) 18 (Year) 55 (Hour) 1:20 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E 981.X

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 230 p.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 9/21/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-22-55
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) Jefferson Barracks, Mo. (State)

DATE REC'D BY LOCAL REG. SEP 21 1955
REGISTRAR'S SIGNATURE J Earl Smith MD MKB
25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co. ADDRESS 3100 Franklin

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ...W. Claude Gardo

Licensed Embalmer No. 34 8

P. O. Address 4675 A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.