

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38550

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10020

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 9 yrs.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 12 4945 Fountain 212 90	
3. NAME OF DECEASED (Type or Print) a. (First) BERNARD b. (Middle) LUCKETT c. (Last) D			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1955
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1918
9. AGE (In years last birthday) 36		10. UNDER 1 YEAR Months 11 Days 13	11. UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY M.K.&T. R. R.	11. BIRTHPLACE (City and State or Foreign Country) Canton, Mississippi
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Bennie Lockett	
13b. MOTHER'S MAIDEN NAME Josephine Sanders		14. NAME OF HUSBAND OR WIFE Georgia Lockett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW1		16. SOCIAL SECURITY NO. 425-16-6610	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Lockett, 4945 Fountain
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral hemorrhage following gunshot wound of skull and brain, suffered when shot with gun, in hands of Dave James Davis, in store at 4069 Suburban Tracts, around 513 pm, Nov 14, 1955 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 Justifiable Homicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT OR SUICIDE? Justifiable Homicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office building) Store		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 14 555 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E981X		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 6:55 p.m., from the causes and on the date stated above.	
23a. SIGNATURE [Signature]		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 11/17/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11/18/1955		24c. NAME OF CEMETERY OR CREMATORY Canton, Mississippi	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave.	
DATE REC'D BY LOCAL REG. NOV 17 1955		REGISTRAR'S SIGNATURE [Signature]	

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

m & B. (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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *42*

P. O. Address *4107 Finney*

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.