

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1956

State File No. **6451**
1849
Registrar's No. _____

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

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|--|--|---|--|
| 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. CITY OR TOWN ST. LOUIS | |
| c. LENGTH OF STAY (in this place) _____ | | 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 HOMER G. PHILLIPS HOSP. | | | |
| e. STREET ADDRESS (If rural, give location) 12 4574th ENRIGHT AVE | | | |

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|--|---------------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print) JAMES FLOWERS | | | 4. DATE OF DEATH (Month) (Day) (Year) 2-19-56 | | |
| 5. SEX MALE | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH FEB. 7, 1932 | | 9. AGE (In years) 24 YRS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY GUNTHER SALT CO PINE BLUFF, ARK | | 11. BIRTHPLACE (City and State or Foreign Country) ARK | 12. CITIZEN OF WHAT COUNTRY? U.S.A |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME John Flowers | | 13b. MOTHER'S MAIDEN NAME SARAH MORGAN | | 14. NAME OF HUSBAND OR WIFE ESSIE LEE FLOWERS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WORLD WAR 2 | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Flowers 4337 Cook Ave | |

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|---|--|--|--|----------------------------------|--|
| 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* (a) Shot gun wound of abdomen suffered when shot with shot gun on hands of Party or Parties unknown in vicinity of Elliot and Franklin Ave about 8:2 Pm Feb-18-1956 | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | DUCE TO (b) _____ | | | |
| | | DUCE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | | |

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|---|--|---|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Eg 81x | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-18-56 m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? See above | |

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 **3:20** m., from the causes and on the date stated above.

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|---|--|--------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE James M Kelly (Type or Print) | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 2-21-56 | |
|---|--|--------------------------------|--|---------------------------------|--|

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|--|--|--|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL REMOVAL | | 24b. DATE 2-23-56 | | 24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS CITY MO | |
| DATE REC'D BY LOCAL REG. FEB 21 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.F. WALTON 2707 STODDARD ST. | | | |

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 *A. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *4575 Alder*.....

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.