

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14511
3649

318

1003

Registrar's No.

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> | | 219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Homer S. Phillips</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2121 Dickson st apt 700</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lohe</u> | | b. (Middle) _____ | | c. (Last) <u>Colbert Jr.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-8-56</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | | 8. DATE OF BIRTH <u>may 5 1939</u> | |
| 9. AGE (In years last birthday) <u>16</u> | | 10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>NONE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo.</u> | |
| 12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Lohe Colbert</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lottie Mae Porter</u> | | 14. NAME OF HUSBAND OR WIFE <u>single</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Lottie Mae Dickson 2121 Dickson</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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Internal Hemorrhage following shot gun wound of the chest; antecedent causes: Adorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>due to a marriage of official police party, while investigating burglary at 2721 Pine Street</u> | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>shot 8x8 pm, April 8th 1956.</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</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 Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 8 56 8pm</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Eg 84x</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>9:20 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or Print) <u>Deputy</u> | | | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>4/12/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-13-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lemay Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>APR 12 1956</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>A.H. Burks 3506 Franklins</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

Student Embalmer

Signed

Leroy H. Barnista

Licensed Embalmer No. 4523

P. O. Address 38809 Easton

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 this body is not embalmed, fact should be so stated above.