

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. **18638**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4609**

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 town(ship)) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 21 2717 Delmar Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) c. (Last) Sellers			4. DATE OF DEATH (Month) (Day) (Year) 5 8 56		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-12-1934	9. AGE (In years last birthday) 22	10. IF UNDER 1 YEAR Months 1 Days 26 IF UNDER 2 HRS. 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 None		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Nathaniel Sellers		13b. MOTHER'S MAIDEN NAME Helen Robinson		14. NAME OF HUSBAND OR WIFE Alma Sellers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nathaniel Sellers 2717 Delmar Blvd.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Penetrating gunshot wound of right chest, suffered when shot with gun in hands of one Napoleon Champagne, ill		INTERVAL BETWEEN ONSET AND DEATH
	b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS store at 2743 Coll Street about 11:15 p.m., May 7, 1956			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., or office bldg., etc.) State		21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) St. Louis Mo		21d. STATE (STATE) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 7 56 11:15 p.m.		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 **1:35A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Rayler Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5.12.56.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-15-56		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Earl Smith, Ellis Funeral Home, Inc., 2820 Stoddard St.			

DATE REC'D BY LOCAL REG. **MAY 12 1956**

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. 529 working under my personal supervision..

Student Oswald Jamison
Signature of Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis

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.