.S. No. 300
Rev. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25056

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5834

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 3148a Rutger St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 18 3148a Rutger St. 218 9

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) A
c. (Last) Juhan

4. DATE OF DEATH (Month) 6 (Day) 16 (Year) 56

5. SEX: M
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-26-1910
9. AGE (In years last birthday): 45 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Brimingham Ala
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Aaron Juhan
13b. MOTHER'S MAIDEN NAME: Willie Sanders
14. NAME OF HUSBAND OR WIFE: Cledonia Juhan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Cledonia Juhan 3148a Rutger St — ADDRESS

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra abdominal Hemorrhage
ANTECEDENT CAUSES — Contrib:- Gunshot wound (bust shot)
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Right lobe of Liver, suffered when shot with shotgun in
DUE TO (c) hands of one Robert Kuster (Col) in Hallway of 3148a Rutger street, about 830 pm.
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: June 16 1956.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hallway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 16 56 8 30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E981 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 846 P. m., from the causes and on the date stated above.

23a. SIGNATURE: Joseph M Quinn Dep. (Degree or title) (Dep.)
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 6/20/56

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 6-22-56
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county): County (State): MO

DATE REC'D BY LOCAL REG.: JUN 20 1956
REGISTRAR'S SIGNATURE: J Carl Smith MD MJS
25. FUNERAL DIRECTOR'S SIGNATURE: Gus Lowe 2930 Dickson St — ADDRESS

(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John T. Cunningham

Licensed Embalmer No. 1147

P. O. Address 24 C Mt

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