

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

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State File No. 31995
Registrar's No. 7992

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
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) St. Louis		c. LENGTH OF STAY (in this place) 7 yrs.	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 HOSPITAL OR INSTITUTION Homer Phillips Hospital			STREET ADDRESS (If rural, give location) 5169 Maple Avenue 2059		
3. NAME OF DECEASED (Type or Print) a. (First) CURLEY		b. (Middle)	c. (Last) DOAKES	4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1956	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17, 1925	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Amer. Car Foundry	11. BIRTHPLACE (City and State or Foreign Country) Bastropes, Louisiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Percy Doakes		13b. MOTHER'S MAIDEN NAME Noncist Robinson	14. NAME OF HUSBAND OR WIFE Effie Doakes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 437-26-4438	17. INFORMANT'S SIGNATURE OR NAME Effie Doakes		ADDRESS 5169 Maple Ave.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of the left chest, suffered during attempted hold up by deceased by one Darleest H. Altman (Col) who shot at 3897 th Windsor about 152 am., August 26th, 1956. DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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, street, office, etc.) Justifiable Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) House	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Louis Mo	21d. STATE (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 26 56 1 A.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 846A.M., from the causes and on the date stated above.					
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8.29.56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/31/56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) Merrouge, Louisiana (State)		
DATE REC'D BY LOCAL REG. AUG 29 1956	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney		

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 *Arthur L. Hilliard*

Licensed Embalmer No. 4221.....

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.