

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1956

44057

State File No. \_\_\_\_\_  
Registrar's No. **11113**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>11113</b>					
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MO.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ST. LOUIS</b> b. COUNTY <b>MO.</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>1533 FRANKLIN</b>		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 <b>HOMER G. PHILLIPS, MD</b>				e. STREET ADDRESS (If rural, give location) <b>225 1533 A FRANKLIN AVE</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>			b. (Middle) <b>CLAY</b>			c. (Last) <b>WASHINGTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 29 56</b>				
5. SEX <b>MAN</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED.</b>		8. DATE OF BIRTH <b>10/14/94</b>		9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 Hrs. Hours Min.	
10a. USUAL OCCUPATION (like kind of work done during most of working life, even if retired) <b>LABOR</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MO.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>				
13a. FATHER'S NAME <b>UNKNOWN</b>				13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>				14. NAME OF HUSBAND OR WIFE <b>ELLA PEARL WASHINGTON</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN.</b>		16. SOCIAL SECURITY NO. <b>327-077651</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <b>ARMSTRONG - 1533 FRANKLIN</b>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>Acute Diffuse Generalized Peritonitis. Contrib: - Penetrating stab wound of left side of abdomen suffered when stabbed with knife in hands of one Fern Johnson, in struggle in vicinity of 1500 Franklin Ave., about 900 p.m. November 24, 1956.</b>						INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES: <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>						3. OTHER SIGNIFICANT CONDITIONS: <b>Conditions contributing to the death not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <b>None.</b>						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.) <b>Street</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>		21f. HOW DID INJURY OCCUR? <b>E982X</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Nov 24 56 9:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>											
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 <b>9:25 A.M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>James M. Kelly</b>				23b. ADDRESS <b>1300 Clark</b>				23c. DATE SIGNED <b>12-5-56</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>DEC 5 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ODA FELLOW cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>EAST ST. LOUIS ILL.</b>							
DATE REC'D BY LOCAL REG. <b>DEC 5 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>TRESSELL AND DENT</b>		ADDRESS <b>4251 WASHINGTON</b>							

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 *Leroy H. Jannister*

Licensed Embalmer No. *452*

P. O. Address *2616 Garrison*

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.