

FILED FEB 6 1958

STANDARD CERTIFICATE OF DEATH

2894  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1041**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (IF NOT in hospital, give location) <b>38 HOSPITAL OR INSTITUTION Enroute Homer G. Phillips</b>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>22/6 ADDRESS 2935 Dickson</b>	
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Andrew</b> Last <b>Fletcher</b>			4. DATE OF DEATH Month <b>1</b> Day <b>25</b> Year <b>58</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>5-24-1933</b>		9. AGE (In years last birthday) <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>James Fletcher</b>		
14. MOTHER'S MAIDEN NAME <b>Annie Young</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW 2</b>		
16. SOCIAL SECURITY NO. <b>?</b>			17. INFORMANT Address <b>Annie Jeffries 2935 Dickson St.</b>		
18. CAUSE OF DEATH [Enter only one cause of line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound of heart &amp;orta</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN (a) <b>E981X</b> <b>Suffered while at work in the hands of one, fell</b>					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE AND TIME OF INJURY OCCURRED (Enter city or town in Part I of this form) <b>1703 Cole Street, about 1206 pm, Home at</b>			
20c. TIME OF INJURY <b>1206 p.m. 1 25 58</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St Louis Mo</b>			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>1225 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Patrick J. Taylor Coroner</b>			22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>1.27.58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-31-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>Ellis Funeral Home, Inc. 2820 Stoddard</b>			
25. DATE RECD. BY LOCAL REG. <b>JAN 28 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>			

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 *Fulton E. Cull*

Licensed Embalmer No. *1234*

P. O. Address *St. Louis, Mo.*

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