Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 9 1958

58-011778
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3385

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 DOA Homer Phillips — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3659 Cook — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John	Middle	Last Holman	4. DATE OF DEATH Month March Day 19 Year 1958
5. SEX male 2	6. COLOR OR RACE Negro	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 14 Feb. 1927
9. AGE (In years last birthday) 31	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) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St, Louis Mo. 0	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME John Holman	13b. MOTHER'S MAIDEN NAME Mattie	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO. —	17. INFORMANT Address John Holman Sr. 3847 Finney	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Penetrating stab wound of Heart

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) E982+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 1

Suffered when stabbed with [illegible] in the hands of Sam Spikes in store at 3847 Finney Ave. about 946 pm., March 19th 1958.

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 946 p.m. Month, Day, Year 3 1958

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Store

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 1025 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Joseph M. Lunsford Deputy Coroner 3

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 3/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 26 Mar. 1958	23c. NAME OF CEMETERY OR CREMATORY Nat'l Jefferson Bks.	23d. LOCATION (City, town, or county) St. Louis Co., (State) Mo.
24. FUNERAL DIRECTOR Reliable Funeral Sys.	ADDRESS 1389 N. Union	25. DATE RECD. BY LOCAL REG. MAR 24 '58	26. REGISTRAR'S SIGNATURE J Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard [illegible]

All diseases in Part I must be causally related.

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 Paul V. Freeman

Licensed Embalmer No. 4686

P. O. Address 4729 Hawthorne

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.