

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012055
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2640**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) _____ c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) _____
38 **City Hosp** 212 **4224 N Market**
STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
a. (First) _____ b. (Middle) _____ c. (Last) _____
(Type or Print) **Sala** **Moton**
4. DATE OF DEATH (Month) (Day) (Year) **3-2-'58**

5. SEX _____ 6. COLOR OR RACE _____ 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____
Female **White** **Widowed**
8. DATE OF BIRTH **13 Feb 1898** 9. AGE (In years last birthday) **60** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____
Homemaker **None**
11. BIRTHPLACE (City and State or Foreign Country) _____ 12. CITIZEN OF WHAT COUNTRY? _____
Mo **Mo**

13a. FATHER'S NAME _____ 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE _____
Darten Sala **Sala** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) _____ (If yes, state war or dates of service) _____ 16. SOCIAL SECURITY NO. _____
no **no** _____
17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
Frank Moton **4251 E Kostan**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Traumatic External Hemorrhage**
ANTECEDENT CAUSES **Stab wound of neck;**
bluffer when stabbed with knife in hands of one, Johnnie James during act of rape.
DUE TO (b) _____
II. OTHER SIGNIFICANT CONDITIONS **Same home at 424 N Market St.**
Conditions contributing to the death but not related to the disease or condition causing it _____

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **about 600 am., March 2nd, 1958.** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
Homicide **Home** **St Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____
3 2 58 6:00 a.m. _____ **E982+**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased (live) on _____, 19____, and that death occurred at **7:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) _____ 23b. ADDRESS _____ 23c. DATE SIGNED _____
Joseph M. Quinn **1300 Clark** **3/4/58**

24a. BURIAL (CREMATION) REMOVAL (Specify) _____ 24b. DATE _____ 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) _____
Removed **6 Mars 8** **Washington Park** **St Louis Co., MO**

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____
MAR 5 '58 **J. Earl Smith, M.D.** **Reliable Funeral Svs** **1389 N Union**

M. A. B. (Licensed Embalmer's Statement on Reverse Side)

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 *Paul V. Freeman*

Licensed Embalmer No. *4686*

P. O. Address *4729 Dem...*

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.