

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030354
STATE FILE NUMBER

318

1003

8189

FILED SEP 8 1958 Registration District No. Primary Registration District No. Registrar's No.

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4259 W. Page		d. STREET ADDRESS (If outside, give location) 2119 4259 W. Page	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Pearlie L. (Rice) Ellis			4. DATE OF DEATH Month Day Year Aug. 19, 1958		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1917	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME MUnknown		13b. MOTHER'S MAIDEN NAME Mattie		14. NAME OF HUSBAND OR WIFE John T. Rice	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address John T. Rice 4259 W. Page	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage, following gunshot wound of the chest.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Eg 81x	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of instructions) in the hands of a man, Gregory Brown, in front of apt 1514 - W. Prairie Ave., on August 19, 1958 at about 9:55 p.m.	
20c. TIME OF INJURY 9:55 p.m. 8 19 58	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.) Street	20f. CITY, TOWN, OR LOCATION St Louis Mo	COUNTY STATE
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at 1022 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Patrick E Taylor Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 8/23/58
---	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/23/58	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) Berkley, Missouri
---	-----------------------------	--	---

24. FUNERAL DIRECTOR E. B. Poone	ADDRESS 1221 N. Grand	25. DATE RECD. BY LOCAL REG. AUG 22 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.
--	---------------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

IDENTITY

DATE

STATE

NO.

NO.

DATE

AFFILIATION

SEX

RELIGION

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

DATE

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE

PLACE OF DEATH

PLACE OF DEATH

DATE

PLACE OF DEATH

PLACE OF DEATH

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 *Melvin Black* Licensed Embalmer No. *2962* P. O. Address *1221 N York*

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.