

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 11 1959

59-030474

STATE FILE NUMBER

2 7871

1. PLACE OF DEATH a. COUNTY <b>Homer G. Phil.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phil.</b>		d. STREET ADDRESS (If outside, give location) <b>1215 Missouri</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Leonard B Hearin</b>		4. DATE OF DEATH Month Day Year <b>August 21-1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/16/39</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>
13a. FATHER'S NAME <b>Leonard B Hearin</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Geneva Hearin 4206 Cote Bell.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive intra-Abdominal Hemorrhage</b> DUE TO (b) <b>Penetrating gunshot wound of Left chest perforating the heart.</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suppressed cough</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20. SCENE OF DEATH <b>Identifiable in hands of police officer in official performance of duty</b>	20b. DESCRIBE HOW INJURY OCCURRED (Give name of injury in PART I or PART II, if applicable.) <b>in official performance of duty</b>	
20c. TIME OF INJURY Hour <b>2:30</b> p.m. Month <b>8</b> Day <b>21</b> Year <b>1959</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		
21. I attended the deceased from _____ and last saw him live on _____		22. ADDRESS <b>1300 Clark Ave.</b>	
22a. SIGNATURE <b>Joseph M. Walker</b> (Degree or title) <b>Deputy Coroner</b>		22c. DATE SIGNED <b>8/24/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8/28/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Father Dixon</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>Glenn Walker</b> ADDRESS <b>4319 Delmar</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 24 59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Leroy H. Dennis*

Licensed Embalmer No. 4525

P. O. Address 4251 Wash

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.