

FILED VS SEP 2 1960

318

Primary Registration District No. 1003

Registrar's No.

8292

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in lb		c. CITY OR TOWN St. Louis			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Enr. to City Hospital # 1				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 918 N. Ninteenth Street			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH					
First Lizzie		Middle NMN		Last Harris		Month Day Year 8 - 16 - 1960			
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-3-1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days 3 13	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			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 Levi McGhee			13b. MOTHER'S MAIDEN NAME Rosie Anna Middlebrooks			14. NAME OF HUSBAND OR WIFE			
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. 491-18-8639		17. INFORMANT Mr. Willie McGhee			Address 5227 Vernon Avenue	
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) Gunshot wound right side of face									
DUE TO (b) External hemorrhage									
DUE TO (c) 981x									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not related to the terminal disease condition given in PART I (a)) Stripped to the waist with shot gun							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. MANNER OF DEATH Homicide		20b. DESCRIBE HOW INJURY OCCURRED (State nature of injury in PART I or PART II of item 18.) during scuffle in liquor with gun to the head						
20c. TIME OF INJURY Hour Month, Day, Year 2:30 p.m. 8 16 60 1960	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.) Home		20f. CITY, TOWN, OR LOCATION St Louis Mo.		COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Joseph M. Dickson				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 8-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-23-1960		23c. NAME OF CEMETERY OR CREMATORY Father Dickson		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
24. FUNERAL DIRECTOR Ellis Funeral Home			ADDRESS 2820 Stoddard St.		25. DATE RECD. BY LOCAL REG. AUG 23 1960		26. REGISTRAR'S SIGNATURE Loan Smith M.O.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFOAVIT 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

Leulton G. Cull

Licensed Embalmer No. *419*

P. O. Address *St. Louis*

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.