

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	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2726 Stoddard		d. STREET ADDRESS (If outside, give location) 2726 Stoddard	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ALBERTA Middle Last PEOPLES			4. DATE OF DEATH October 21, 1960 Month Day Year		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> <i>Widowed</i> <input type="checkbox"/> <i>Divorced</i> <input type="checkbox"/> Separated	8. DATE OF BIRTH 11/18/16	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and state or country) Starksville, Miss.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Abber D. Nash		13b. MOTHER'S MAIDEN NAME Annie Pratter	
14. NAME OF HUSBAND OR WIFE James Peoples		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. 494-24-4175	
17. INFORMANT James Peoples		Address 3022a N. Newstead			

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Traumatic External Hemorrhage*

DUE TO (b) *Multiple Stabwounds*

DUE TO (c) *982x*

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

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

Suffered when stabbed in the hands of one John M. Lee

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. RESPECTIVE HOW INJURY OCCURRED. (From nature of injury in PART I or PART II of item 18.)
stabbed in the hands of one John M. Lee

20c. TIME OF INJURY: Hour **2:30** p.m. Month, Day, Year **10 21 1960**

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

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

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

21. I attended the deceased from **7:00 p.m.** to **7:00 p.m.** and last saw him alive on **10/21/60**

Death occurred at **7:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Gabriel F. Taylor Coroner

22b. ADDRESS
1300 Clark

22c. DATE SIGNED
10 26 60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
10/27/60

23c. NAME OF CEMETERY OR CREMATORY
Washington Park

23d. LOCATION (City, town, or county) (State)
St. Louis Co., Missouri

24. FUNERAL DIRECTOR
Charles J. Gates ADDRESS **4107 Finney**

25. DATE RECD. BY LOCAL REG.
OCT 26 1960

26. REGISTRAR'S SIGNATURE
Loan Smith, M.D.

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 _____

Licensed Embalmer No. 1826

P. O. Address 4107 Finney A

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.