CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state [illegible] so carefully supplied. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

9201
Do not use this space.

1. PLACE OF DEATH Homer Philips
(a) County St. Louis — Registration District No. 1003
(b) Township — Primary Registration District No. — Registered No. 2790
(c) City St. Louis — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 522 (f) How long in U. S., if of foreign birth? yrs. mos. ds. 4.60

2. PRINT FULL NAME John Henry Pinkeston alias Richard Naylor
(a) Residence, No. 1416 N. 21st St. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not known
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15-1884
7. AGE: 53 YEARS — MONTHS: 9 — DAYS: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Tenn.

FATHER
13. NAME: not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Irene Crine, 1416 N. 21st St.
18. BURIAL, CREMATION, OR REMOVAL: Mt. Cem.
PLACE: Veterans Cemetery DATE: 3/24/ 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Cunningham, 2933 Delmar
20. FILED: MAR 24 1938 J. F. Bradock, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/18/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:30 P.M. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage due to Fracture of Skull. Whether deceased suffered Fracture in fall from bench in cell at 4th District Police Station, on the 12th day of March, or had sustained fracture prior to his arrest for drunkeness could not be determined.

Other contributory causes of importance:

OPEN VERDICT

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Open V Date of injury 3/12/ 1938
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph McQuinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

Sur Hardy

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.