

Registration District No. 010

Primary Registration District No. 1003

Registrar's No. 10050

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute To Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 2116 Carr St.
(If rural, give location)

(e) Citizen of foreign country? No.....
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Albert Jefferson

3. (b) If veteran, name war..... --

3. (c) Social Security No. 429-01-994

4. Sex..... Male

5. Color or race..... Negro

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Charlean Jefferson

6. (c) Age of husband or wife if alive..... 32 years

7. Birth date of deceased..... August 16th, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>3</u>	<u>12</u> hr. min.

9. Birthplace..... Monroe Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation..... Sand Blaster

11. Industry or business..... Emmerson Electric Co.

MOTHER FATHER {

12. Name..... Unavailable

13. Birthplace..... Unavailable 9
(City, town, or county) (State or foreign country)

14. Maiden name..... Unavailable

15. Birthplace..... Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Charlean Jefferson

(b) Address..... 2116 Carr St.

17. (a) Burial (b) Date thereof..... 12-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood Cemetery

18. (a) Signature of funeral director..... Chas. J. Gates

(b) Address..... 4107 Finney Ave.

19. (a) DEC 2 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... November day..... 28th.
year..... 1942 hour..... 1:40 minute..... 8. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Internal hemorrhage from bullet wounds of heart and liver inflicted with gun in the hands of one Alonzo Harvey (Col) in the home at 22813 Gamble St., about 1:45 o'clock A.M. November 28, 1942.

Due to..... JUSTIFIABLE HOMICIDE.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... JUST. HOMICIDE

(b) Date of occurrence..... 11-28-1942

(c) Where did injury occur?..... St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature..... James J. [Signature]
Address..... 1800 Clark Ave. Date signed..... 12-1-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 1 1943

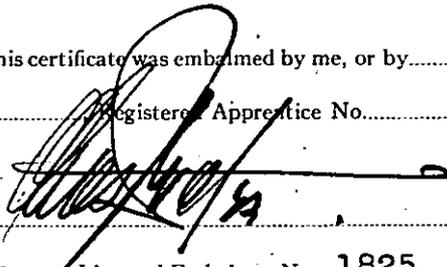
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Chas. J. Gates

working under my personal supervision.

Registered Apprentice No.....

Signed.....


Licensed Embalmer No. 1825

P. O. Address. 4107 Finney Ave.

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 this body is not embalmed, fact should be so stated above.