DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8916

State File No.

FILED APR 1 1944

Registration District No. 18 Primary Registration District No. 1003 Registrar's No. 2694

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED: 000 12 911

(a) State Missouri (b) County

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

(d) Street No. 4050a Finney Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Ethel Eubanks

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

3. (c) Social Security N 497-16-8819

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Lawrence Eubanks

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 10, 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	5	8	-- hr. -- min.

9. Birthplace Middleburg (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Buckner
13. Birthplace Unavailable, Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Simms
15. Birthplace Unavailable, Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Eubanks
(b) Address 4050a Finney Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, D. C.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAR 21 1944 (Date received local registrar) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1944 hour 8 minute 15 P.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 Compression of Spinal Cord following gun shot Wound of left Jaw and Back adjacent Veteran inflicted at the hands of Lawrence Eubanks Col. at the home 4050a Finney Ave. March 17, 1944 about 2:00 AM

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation? No

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) Homicide
(b) Date of occurrence Mar 17 1944
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Gunshot

23. Signature James J. Fitzsimmons Coroner (M. D. or other)
Address 1300 Clark Avenue Date signed 3/21/44

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 31 1950

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

Charles J. Gates Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.