

Registered District No. 23 1944Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
W. M. MORGAN PHILLIPS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 YEARS
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN SEARCY

3. (b) If veteran,

name war NONE

3. (c) Social Security

No. 349-07-23514. Sex MALE race NEGRO

5. Color or

6. (a) Single, widowed, married,

divorced MARRIED6. (b) Name of husband or wife FLORA SEARCY

6. (c) Age of husband or wife if

alive 26 years

7. Birth date of deceased

(Month) SEPT (Day) 8 (Year) 1918

8. AGE:

Years

Months

Days

If less than one day

3015

hr. min.

9. Birthplace MARVIA ARK.

(City, town, or county)

(State or foreign country)

10. Usual occupation LABORER11. Industry or business SCULLIA FOUNDRY12. Name MANSON SEARCY13. Birthplace MARVIA ARK.

(City, town, or county)

(State or foreign country)

14. Maiden name ETTA WILBORN15. Birthplace MARVIA ARK.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Flora Searcy(b) Address 2330 Biddle St.17. (a) BURIAL (b) Date thereof 10/20/44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation GREEN WOOD CEM.18. (a) Signature of funeral director James B. Petros(b) Address 3030 DENNE AVE.19. (a) 10/10/44 (b) J. F. Brudeck

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2330 BIDDLE ST.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 16.8.44 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
 1944 year 1944 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

That I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death External hemorrhage Duration _____
followed by gunshot wounds of the
head and left kidney, inflicted at
Washington call sign his home
2330 Biddle St. around
1:30 pm Oct 13, 1944

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None

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 Oct 13 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

While at work? no (Specify type of place) (e) Means of injury gun23. Signature W. J. Perry (M. D. or other)
 Address St. Louis Date signed 10/19/44

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2118

P. O. Address.....

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, above space should be left blank.