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5215

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County ~~HAMER & PHILLIP HOSP~~  
(b) City or town ~~St. Louis~~  
(c) Name of hospital or institution:  
~~HAMER & PHILLIP HOSP~~  
(d) Length of stay: In hospital or institution 1 DAY  
In this community 5 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 2171 N JEFFERSON  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME THOMAS WILLIAMS

3. (b) If veteran, name war NINE 3. (c) Social Security No. 432268565

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ASLEE 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased (Month) 2 (Day) 28 (Year) 1919

8. AGE: Years 28 Months 2 Days 23 If less than one day hr. min.

9. Birthplace GREEN GROVE MISS

10. Usual occupation LAUNDRY WORK

11. Industry or business 4800 WASHINGTON AVE

12. Name THOMAS WILLIAMS

13. Birthplace SHENYER VA

14. Maiden name SARAH BRICOLA

15. Birthplace GREEN GROVE MISS

16. (a) Informant Aslee Williams

(b) Address 2910 PINE

17. (a) BURIAL (b) Date thereof 5-27-47

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director James Lane

(b) Address 3113 Washington Ave

19. (a) MAY 26 1947 (b) J. F. Bredok

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1947 hour 10:00 minute .. 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 Internal hemorrhage of left lung, from gunshot wound, inflicted at the hands of one Aslee Williams (Col.) on the stairs leading to her home, 2910 Pine St., around 9:09 A.M., May 21, 1947, when the deceased threatened her life and that of Bannister Tate.

**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: **JUSTIFIABLE HOMICIDE**

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

(b) Date of occurrence 5-21-1947

(c) Where did injury occur? St. Louis, Mo.

(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 see above

23. Signature Alfred J. Perry (M. D. or other) ..

Address Supply Parsonage Date signed 5-26-47

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

MOTHER FATHER

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**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

*W. C. Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4575 Aldine*

**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.**