No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22199 6132

FILED JUL 7 1947

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS, MISSOURI
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: HOMER G. PHILLIPS
(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:
(a) State MISSOURI (b) County ~~ST. LOUIS~~
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2619 Pine St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHNNIE WESLEY EVERETT
3. (b) If veteran, name war #2
3. (c) Social Security No.

4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 23 (Day) 1918 (Year)

8. AGE: Years 28 Months 5 Days 28 If less than one day hr. min.

9. Birthplace CLARENDON, ARK. (City, town, or county) (State or foreign country)
10. Usual occupation TRUCKDRIVER
11. Industry or business U. S. ARMY
FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CLARA
15. Birthplace CLARENDON, ARK. (City, town, or county) (State or foreign country)
16. (a) Informant GOVERNMENT PAPERS
(b) Address WAR VETERAN
17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 6/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation CLARENDON ARK.
18. (a) Signature of funeral director Fred A. Green
(b) Address 2915 Franklin
19. (a) JUN 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1947 hour 2 minute a 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 External hemorrhage from stab wound of neck inflicted with knife whether at the hands of John Wesley Eddy or Party or Parties Unknown Could not be determined when found in front of 2648 Pine street around 2:00 a.m. June 22 1947

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

167

PHYSICIAN

Underline the cause of 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 June 22 1947
(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? Public Sidewalk (Specify type of place)
While at work? (e) Means of injury Cut

23. Signature Alfred Perry (M. D. or other)
Address Lappery Corner Date signed 6/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1941

JUL 7 1941

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 L. A. Green

Licensed Embalmer No. A963

P. O. Address 2915 Franklin

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.