No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39645.

Registration District No. FILED DEC 15 1947 318

Primary Registration District No. 1003

Registrar's No. 14040

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (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) 5 yrs.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town ST LOUIS (If outside city or town limits write "RURAL")
(d) Street No. 803 N. 15th St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Albert Fizer
3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 - 18 - 193 (Month) (Day) (Year)

8. AGE: Years 19 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Sampson (City, town, or county) Miss (State or foreign country)
10. Usual occupation Coiminer
11. Industry or business
FATHER
12. Name Albert Fizer
13. Birthplace Hill-House (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Willie Beg Gilmore
15. Birthplace Myersville (City, town, or county) Miss (State or foreign country)
16. (a) Informant Mrs Willie Fizer
(b) Address Clarksdale, Miss
17. (a) Burial Cremation (Burial, cremation, or removal) (b) Date thereof 12-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksdale Miss
18. (a) Signature of funeral director Benjie Lowe
(b) Address 3403 Washington
19. (a) DEC 2 - 1947 (Date received local registrar) (b) J. T. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27 year 1947 hour 9 minute 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 Gun Wound Lacerated Will Brupe in the Hands of Archie Walker Also Known as Peter at 1416 Franklin Ave. Wounded 9:00 Pm Nov 27, 1947 — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 109

Of autopsy

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 Nov. 27 1947
(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? (Specify type of place)
While at work? (e) Means of injury Gun Shot
23. Signature Patrick E. Gaynor (M. D. or other)
Address City Date signed 12/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3487

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.