FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3255

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 553

1. PLACE OF DEATH:
(a) County
(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 Peoples Hospital (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ste Genevieve
(c) City or town Ste Genevieve (If outside city or town limits, write "RURAL")
(d) Street No. R.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marion Williams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 25 (Day) 1894 (Year)

8. AGE: Years 53 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Alabama (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business

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

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

16. (a) Informant Jerry Stanton
(b) Address Ste Genevieve, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve, Mo
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) JAN 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1948 hour 3 minute 10 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 Internal hemorrhage following gunshot wound of abdomen, inflicted with gun in the hands of Ryan Whitehead of St Genevieve. Therefore killed when the deceased entered the Court House and refused to submit to arrest. Coroner Found

Other conditions (include pregnancy within 3 months of death) 1201 A.M. Jan 16 1948

Duration

Major findings: Of operation Justifiable Homicide
Of autopsy Dr. A. Performed the Autopsy
Regis Meinhardt

PHYSICIAN Underline the cause which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide (specify) Justifiable Homicide
(b) Date of occurrence Jan 16 1948
(c) Where did injury occur? St Genevieve (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Court House (Specify type of place)
While at work? (e) Means of injury Gun
23. Signature Clyde Perry (M. D. or other)
Address Clyde Perry Date signed 1/17/48

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

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

No. 2
—1/47
5-17-39

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 NO EMBALM

Licensed Embalmer No. _____

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, fact should be so stated above.