

STANDARD CERTIFICATE OF DEATH  
1003

State File No. 21444  
Registrar's No. 5690

FILED JUL 3 1948

Registration District No. 318

Primary Registration District 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:  
Enroute to Homer Phillips Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Leroy Washington  
3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 2 5. Color or race Col. 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 May 24, 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 0 27 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Washington  
13. Birthplace Fulton, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mandy ?  
15. Birthplace Fulton, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Willett Mc Intock  
(b) Address 2810 A. Gamble St.

17. (a) Burial (b) Date thereof June 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wright's Funeral Home.  
(b) Address 3100 Easton Ave.

19. (a) JUN 24 1948 (b) J. F. Bredeen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County foo  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 611 No. Jefferson Ave.  
- 21 - (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 21  
year 1948 hour 11:15 minute \_\_\_\_\_ P. 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 Duration \_\_\_\_\_  
following stabwound of Aorta inflicted with knife in the hands of  
one, Vessie Wilbor, Col., in front of 611 N. Jefferson Avenue,  
around 11:15 P.M., June 21, 1948,  
during an altercation when the deceased  
struck her. JUSTIFIABLE HOMICIDE  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 168  
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) Justifiable Homicide  
(b) Date of occurrence June 21, 1948  
(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?  
public place

While at work no (Specify type of place) (d) Means of injury knife  
Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 6/23/48

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

**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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 4049 St. Francis

**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.**