

No. 10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948
Registration District No. 318

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33869
Registrar's No. 9467

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(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 Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Yrs. (Specify whether years, months or days)
In this community 9 Yrs.

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. 4005 a W. Belle Ave.
(If rural, give location)
(e) Citizen of foreign country? 1/ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ALDRIDGE
(b) If veteran, name war None
(c) Social Security No. 489-32-8919

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 29
year 48 hour 6/33 minute A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Annette Aldridge
(c) Age of husband or wife if alive 32 years
7. Birth date of deceased Jan. 12th, 1914
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Shot wound of skull and base of brain Duration _____

8. AGE: Years 34 Months 9 Days 17
If less than one day hr. _____ min. _____

Do not (check) at the corner of W. Belle Ave. and West Belle St.
November 6:33 AM Oct. 29, 1948 when the deceased advanced toward me
Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Bolby Okla.
(City, town, or county) (State or foreign country)
10. Usual occupation Bartender

Major findings: Of operations 1/68
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Joe Aldridge
13. Birthplace Paris Texas
(City, town, or county) (State or foreign country)
14. Maiden name Charlie Lee
15. Birthplace Paris Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Annette Aldridge
(b) Address 4005 a W. Belle Ave.
17. (a) Burial (b) Date thereof 11-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Justifiable Homicide
(b) Date of occurrence 10-29-1948
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Chelle Street
While at work? _____ (Specify type of place) (e) Means of injury 6 shot
23. Signature J. B. Lasater (M. D. or other) _____
Address W. Belle Ave. Date signed 11/1/48

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St
19. (a) NOV 1 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13, Mo.

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.