

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25436
Registrar's No. 6303

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>MI-10</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 2 3 yrs.		d. STREET ADDRESS (If rural, give location) 2802 a Washington Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute Homer G. Phillips Hospital			
3. NAME OF DECEASED a. (First) Alberta		4. DATE OF DEATH (Month) (Day) (Year) 7 - 15 - 1949	
b. (Middle) Young			
c. (Last) Young			
5. SEX Female <i>B</i>	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow <i>2</i>	8. DATE OF BIRTH 6-30-1924
9. AGE (In years last birthday) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress	11. BIRTHPLACE (State or foreign country) Macon, Mississippi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Brisco Stide		14. NAME OF HUSBAND OR WIFE	
13b. MOTHER'S MAIDEN NAME Gladis DeLoach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Isalee Chambers, 2733 Eugenia St.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunshot wound of heart</i>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES <i>suffered when shot with .38 caliber in the hands of one Raymond Lee King (Cal.) in room at 2802 Washington Ave about 9:50 pm July 15 1949</i>		
		DUE TO (b) <i>gun in the hands of one Raymond Lee King (Cal.) in room at 2802 Washington Ave</i>		
		DUE TO (c) <i>at 2802 Washington Ave</i>		
		11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Homicide</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SOURCE (Specify) <i>Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 15 1949 9:50 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E981X</i>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:50 P. m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>Agnes M. Quinn</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7/19/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7-21-1949</i>		24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <i>Macon, Mississippi.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ellis Funeral Home, 2820m Itoddard St.</i>		
DATE REC'D BY LOCAL REG. <i>J B Pasater</i>		REGISTRAR'S SIGNATURE		

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Pharris 131

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.