

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11104

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3048**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 3 yrs d. FULL NAME OF (HOSPITAL OR INSTITUTION) Homer G. Phillips		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 806^a N. Jefferson Ave	
3. NAME OF DECEASED (Type or Print) W.M. Horace Singleton, Jr. a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 3 27 50	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-19-1917
9. AGE (In years last birthday) 32 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Worker	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Worker		10b. KIND OF BUSINESS OR INDUSTRY Mobile Alabama	
11. BIRTHPLACE (State or foreign country) Mobile Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William H. Singleton		13b. MOTHER'S MAIDEN NAME Elizabeth Ross	
14. NAME OF HUSBAND OR WIFE Erma L. Singleton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes, war II	
16. SOCIAL SECURITY NO. 955 pm March 27 1950		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erma L. Singleton 806^a Jefferson	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc.—It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External hemorrhage following stab wound of neck; suffered when cut with knife in the hands of one Thurman Mack (col.) in tavern at 800 No. Jefferson, 955 pm March 27 1950 (b) _____ (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Nausea	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Mar 27 50 955 p m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 6982X			
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 1028 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patrick E. Taylor, M.D.		23b. ADDRESS 1300 Beach	
23c. DATE SIGNED 3-31-50		24a. BURIAL, CREMATION, REMOVAL (Specify) n	
24b. DATE 4-2-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co., MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gus Lowe 2930 Dickson St.	
DATE REC'D BY LOCAL REG. J. R. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gus Lowe 2930 Dickson St.	

APR 31 1950

mail

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 *Arthur L. Helliard* _____

Licensed Embalmer No. *4224* _____

P. O. Address *4049 St. Ferdinand* _____

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.