

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18245**  
Registrar's No. **1416**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give township) <b>Newberry Terrace</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips Hospital</b>		4550 <del>Newberry Ter</del>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>Brook</b> c. (Last) <b>Harris</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5/ 15 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 20 1915</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months Days Hours <b>11 25</b>	IF UNDER 12 HRS. Hours Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cab Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Cab Business</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.S.A.</b>
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13a. FATHER'S NAME <b>Robert Harris</b>	13b. MOTHER'S MAIDEN NAME <b>Bettie Taplin</b>	14. NAME OF HUSBAND OR WIFE <b>Goldie Harris</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Marines War 2</b>	16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ed Harris</b>	ADDRESS <b>4550 Newberry Ter</b>
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wounds of Brain and Heart, suffered when shot with gun in the hands of one, John Thomas, Col., in room at 3843 Finney Avenue, about 4:15 A.M., May 15, 1950.</b>		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>HOMICIDE</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SOURCE (Specify) <b>HOMICIDE homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>CLUB</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See above E981K</b>
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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 **4:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ed Harris</b>	(Degree or title)	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>5-16-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-18-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barrack, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 17 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyd Bros</b>	ADDRESS <b>Funeral Home 3706 Finney Ave</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*S*

JUN 13 1938

**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 *Henry C. Williams*.....

Licensed Embalmer No. *4781*.....

P. O. Address *2749 Hickory S. City*.....

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.