

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18457

State File No. _____

4075

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 19 3818 Delmar					
3. NAME OF DECEASED (Type or Print) a. (First) Edgar			b. (Middle) Alexander		c. (Last) Middlebrooks		4. DATE OF DEATH (Month) (Day) (Year) May 2 1950		
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 14, 1924		9. AGE (In years last birthday) 25 IF UNDER 1 YEAR: MONTHS 1 DAYS 10 IF UNDER 12 HRS. Hours 10 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen man			10b. KIND OF BUSINESS OR INDUSTRY Jewish Hosp.		11. BIRTHPLACE (State or foreign country) A nalusia Alabama			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Alex Middlebrooks			13b. MOTHER'S MAIDEN NAME Lucy Henderson			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lucy Middlebrooks		ADDRESS 3818 Delmar			
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain suffered when shot with gun in the hands of one Guy Davis (col) in Fairwells Station Clair County, Ill) outside of town about 400 am May 2, 1950</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1950</p>						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Homicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Homicide		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					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 2 50 400 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 6981X					
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 3:55 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Dress or title) Walter P. Davis, M.D.				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/5/50			
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 5-5-50		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) Le. May County Mo.			
DATE REC'D BY LOCAL REG. MAY 5 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce-1221 N Grand		ADDRESS _____			

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

OCT 6 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address _____

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.