

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22116
State File No. 5428
Registrar's No.

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
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 2069	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 9 (b) 4923 Highland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Homer G. Phillips Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Washington		4. DATE OF DEATH (Month) (Day) (Year) 6/18/50	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/23/1914
9. AGE (In years last birthday) 36	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Handler	11. BIRTHPLACE (State or foreign country) Shreveport, Louisiana	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	
13a. FATHER'S NAME John H. Washington		13b. MOTHER'S MAIDEN NAME Rosie Jamerson	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Lillian Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Lillian Washington		ADDRESS 4923 Highland	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Internal hemorrhage following stab wound of chest suffered due to being stabbed with knife in the hands of one J. C. Sanders (alt) DUE TO (c) crash of about 2518 North Dewsted Ave about 228 am June 18 1950	
19a. DATE OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide			
21a. ACCIDENT, SUICIDE, OR HOMICIDE Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 18 50 9:28 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 6983X	
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 3:09 m., from the causes and on the date stated above.			
23a. SIGNATURE Patrol E Taylor (Degree or title) Coroner		23b. ADDRESS 1300 Clark Avenue	
23c. DATE SIGNED 6.26.50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/23/50	24c. NAME OF CEMETERY OR CREMATORY Hayti, Missouri	
24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. JUN 21 1950		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates ADDRESS 4107 Finney Avenue	

Handwritten mark

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

John R. Cunningham

Licensed Embalmer No. **4476**

P. O. Address **4107 Finney Avenue**

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.