

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34747  
State File No. ....

318

REG. DIST. NO. ....

1003

Primary Reg. Dist. No. .... Registrar's No. .... 9028

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. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 2611 Cole St.		0							
3. NAME OF DECEASED (Type or Print) a. (First) Willie			b. (Middle) Dudley			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 110 21 50		
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 18, 1932		9. AGE (In years last birthday) 18		IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY ?			11. BIRTHPLACE (State or foreign country) St Louis Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Theodore Dudley			13b. MOTHER'S MAIDEN NAME Donnie Morgan			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. ?			17. INFORMANT'S SIGNATURE OR NAME Mrs. Donnie Dudley			ADDRESS 2611a Cole St.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mediastinal hemorrhage ANTECEDENT CAUSES gunshot wound suffered when shot with gun in hands of one Vera Hayes (col) at corner of 23rd and Cole. DUE TO (b) Stis. about 200 am Oct 21, 1950 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1950						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 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 Miss							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 21 50 300 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E981X							
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 730 A.M., from the causes and on the date stated above.											
23a. SIGNATURE W. H. [Signature] (Degree or title)			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 10/23/50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 90-28-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. OCT 24 1950		REGISTRAR'S SIGNATURE J. B. [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home Inc. 2820 Stoddard.						

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. Cullin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13*

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.