

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28147**
Registrar's No. **7625**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	REGISTRAR'S NO. 7625	
1. PLACE OF DEATH a. COUNTY St. Louis,			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If suitable corporate limits, with RURAL and give township) St. Louis,		c. LENGTH OF STAY (In this place) _____		c. CITY (If suitable corporate limits, with RURAL and give township) St. Louis, 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Romer G. Phillips Hos.			2f. STREET ADDRESS (If rural, give location) 2719 A. Sheridan 6		
3. NAME OF DECEASED (Type or Print) HUBERT		a. (First) _____	b. (Middle) LEE	c. (Last) COVINGTON	4. DATE OF DEATH (Month) (Day) (Year) 8-24-51
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 6-30-27	9. AGE (In years last birthday) 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (State or foreign country) Chicago Heights Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME W.M. COVINGTON		13b. MOTHER'S MAIDEN NAME Rebecca Morris	
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) no.		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Rev. William Couney		ADDRESS 2719 A. Sheridan		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Massive Intra-choracic hemorrhage from gunshot wound of right chest, and heart, suffered when shot in store at 26th & Cass Ave., about 7:50 am Aug 24 1951, by one Joseph Nicastro	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Justifiable homicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) store		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Aug 24 5:15 pm		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 8:40 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Patrick E. Taylor Coroner			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7-28-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-30-51	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) 9700 Natural Bridge Rd.
DATE REC'D BY LOCAL REG. AUG 28		REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE Herman L. Allen	
				ADDRESS 4365 Washington	

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 *Theodore J. Vandell*

Licensed Embalmer No. *4243*

P. O. Address *130 Eddidge*

Webster Brook Mo.

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.