

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 5 1952

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1669**

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 town) St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2 F 9	
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) c. (Last) Nash		4. DATE OF DEATH (Month) (Day) (Year) 2- 19- 52	
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 6, 1926
9. AGE (In years last birthday) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	11. BIRTHPLACE (State or foreign country) Greenwood, Miss.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Isaiah Nash		13b. MOTHER'S MAIDEN NAME Mattie Young	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. None	17. INFORMANT'S SIGNATURE OR NAME Ben Harris ADDRESS 1217a N. Pendleton
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Internal hemorrhage; Shock</i> ANTECEDENT CAUSES: <i>Gunshot wound of chest and abdomen suffered when shot with gun in hands of one Ben Cantelero and later shot with same gun in hands of one Gordon Battle (cl) during raid up of store at 1014 No Vandewater Ave., about 11:20pm July 18 1952</i> II. OTHER SIGNIFICANT CONDITIONS <i>Gunshot wound of chest and abdomen suffered when shot with gun in hands of one Ben Cantelero and later shot with same gun in hands of one Gordon Battle (cl) during raid up of store at 1014 No Vandewater Ave., about 11:20pm July 18 1952</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>up of store at 1014 No Vandewater Ave., about 11:20pm July 18 1952</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT OR SUICIDE <i>Accidental</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Store</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 18 52 11:20</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>EGS 3 X</i>			
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 <i>0558</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Daniel E. Taylor, M.D.</i>		23b. ADDRESS <i>1300 Pearl</i>	
23c. DATE SIGNED <i>2-21-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>2-23-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Shipping</i>		24d. LOCATION (City, town, or county) (State) <i>Winone Miss.</i>	
DATE REC'D BY LOCAL REG. FEB 21 1952		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>mgs</i>		ADDRESS <i>1221 N. Grand</i>	

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 *Chiara Casano*.....

Licensed Embalmer No. 4755.....

P. O. Address 1221 N. Grand.....

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.