

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

29515

7267

FILED AUG 15 1952		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7267			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2219					
b. CITY OR TOWN St Louis 3		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 21 1925 Olive St			
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillip				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) T b. (Middle) P c. (Last) Gray			4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 52						
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH MAR. 10 - 1920			
9. AGE (in years last birthday) 32		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		11. BIRTHPLACE (State or foreign country) B. Alabama 1		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Penny Abernathy		13b. MOTHER'S MAIDEN NAME Macy Corley		14. NAME OF HUSBAND OR WIFE Pearl Gray					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.A.		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Pearl Gray 1925 Olive 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) Internal hemorrhage following gunshot wound of heart, suffered when shot with gun in the hands of one Pearl Gray (Col.) wife of Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 11:05 A.M., July 26, 1952. JUSTIFIABLE HOMICIDE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 26 52 11:05 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 11:05 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/29/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/1/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St Louis County Mo			
DATE REC'D BY LOCAL REG. JUL 29 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Boyd Funeral Home 374 Finney					

S.R. (Licensed Embalmer's Statement on Reverse Side)

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

OCT 27 1932

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.....

Lawrence C. Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. *4741*

P. O. Address *St. Louis, 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.