FILED JUL 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23330

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1721

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: 1120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4551 Newberry Terrace

3. NAME OF DECEASED (Type or Print)
a. (First): Lulu
b. (Middle): E.
c. (Last): Stringer

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1953

5. SEX: Female
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 27, 1927
9. AGE (In years last birthday): 25 — If under 1 year: Months 8, Days 21; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dishwasher
10b. KIND OF BUSINESS OR INDUSTRY: Raleigh House
11. BIRTHPLACE (City and State or Foreign Country): Jonestown, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Rickard Johnson
13b. MOTHER'S MAIDEN NAME: Connie
14. NAME OF HUSBAND OR WIFE: Unknown James Stringer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: James Stringer — ADDRESS: 4551 Newberry Tr.

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) from a stab wound of the chest which entered the heart, caused

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) by paring knife in the hands of Alma Bland, during a scuffle at their

DUE TO (c) place of employment, the Raleigh House, 8027 Forsyth in Clayton.

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: 982X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 8027 Forsyth
21c. (CITY, TOWN, OR TOWNSHIP): Clayton — (COUNTY): St. Louis 107 — (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-18-1953 9:10 p. m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Stabbing

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Weilman — (Degree or title): Coroner
23b. ADDRESS: Clayton, St. Louis County, Mo.
23c. DATE SIGNED: 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Clarkdale Miss.
24d. LOCATION (City, town, or county) (State): Clarkdale, Mississippi

DATE REC'D BY LOCAL REG.: 6-22-53
REGISTRAR'S SIGNATURE: Herbert R. Dowdy
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Wright Funeral Home 3100 Easter Ave.

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 7 1953

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 Arthur L. Hellward

Licensed Embalmer No. 4221

P. O. Address 4524 Alden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.