

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25348**
Registrar's No. **6708**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 23 218a Barry St.	

3. NAME OF DECEASED (Type or Print) a. (First) Joshua b. (Middle) Jones c. (Last) Tiswell			4. DATE OF DEATH (Month) (Day) (Year) July 17 1954		
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8 1911		9. AGE (In years last birthday) 43 Months 5 Days 9 If UNDER 1 YEAR 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 (City and State or Foreign Country) Powell, Miss.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Stephen Tiswell		13b. MOTHER'S MAIDEN NAME Emma Jones		14. NAME OF HUSBAND OR WIFE Clytee Tiawell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II		16. SOCIAL SECURITY NO. 438-48-3230		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Reed 218a Barry 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Frangulation from laceration of left common carotid artery suffered when stabbed with knife in the hands of one Elizabeth Williams in scuffle			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DM			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. and lally as at home at 11:00 pm July 17, 1954			
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) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 17 1954 10 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E982x	

22. I hereby certify that I attended the deceased from **18** to **19**, that I last saw the deceased alive on **19**, and that death occurred at **2:57** p.m., from the causes and on the date stated above.

23a. SIGNATURE Stephen Tiswell		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 7/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-22-54		24c. NAME OF CEMETERY OR CREMATORY National	
		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo			

DATE REC'D BY LOCAL REG. JUL 20 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. Randle & Son 3133 Bell Ave	
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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.....
Signature of Student Embalmer

Signed *Edward A. Flynn*.....

Licensed Embalmer No. *4444*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.