No. 300
10.48

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5944

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1220

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 6

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital 2219

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location) 3117 Franklin Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Samuel
b. (Middle)
c. (Last) Albright

4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1955.

5. SEX Male 2
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7
8. DATE OF BIRTH Mar, 12, 1920
9. AGE (In years last birthday) 34 — IF UNDER 1 YEAR Months 10 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Y.P.Miller Co
11. BIRTHPLACE (City and State or Foreign Country) So. England, Ark. /
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Bud Albright
13b. MOTHER'S MAIDEN NAME Mannie Pearson
14. NAME OF HUSBAND OR WIFE Willie Pearl Albright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 430-14-2267
17. INFORMANT'S SIGNATURE OR NAME Mandy Patterson Pine Buff, Ark. ADDRESS

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) Acute Diffuse Peritonitis (Generalized) Contrib: Penetrating stabwounds of abdomen: suffered when stabbed with knife in hands of one Manas

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Harvey (Col) in altercation in tavern at 3301 Delmar about 12:30 AM January 22 1955.
DUE TO (c)

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 Justifiable Homicide
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Justifiable Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? See Above E982X

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 2:30 A m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M Lucenn Deputy Coro 3 (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 2/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/12/55
24c. NAME OF CEMETERY OR CREMATORY Oak Dale
24d. LOCATION (City, town, or county) (State) 3900 Mt. Olive Mo.

DATE REC'D BY LOCAL REG. FEB 9 1955
REGISTRAR'S SIGNATURE J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home 3100 Easton Ave. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W. Claude Gordo

Licensed Embalmer No. 348

P. O. Address 4575 C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.