

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13069

State File No.

3684

FILED MAY 13 1955

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. 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. 3100 NEW ASHLAND		e. STREET ADDRESS (If rural, give location) 10 3833 SULLIVAN AVE	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ALFORD c. (Last) ALFORD	4. DATE OF DEATH (Month) (Day) (Year) 4-23-55
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-17-26	9. AGE (In years last birthday) Months Days Hours Min. 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICE OFFICER	10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS POLICE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME BENNIE ALFORD	13b. MOTHER'S MAIDEN NAME GEORGIA ALFORD	14. NAME OF HUSBAND OR WIFE VIVIAN ALFORD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES 1-11-44 to 46	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT'S SIGNATURE OR NAME VIVIAN ALFORD	ADDRESS #3833 SULLIVAN AVE
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following gunshot wound		
*Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. followed gunshot wound		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death. with gunshot wound of one hand (left) in front of chest about 3115 New Ashland Place about 7:20 p.m., April 23, 1955	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Homicide	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bus, etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 23 55 7:20	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E981X
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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 **7:55** p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Patrick J. Taylor Coroner	23b. ADDRESS 1900 Clark	23c. DATE SIGNED 4-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-29-55	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRICK MO.
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DATE REC'D BY LOCAL REG. APR 26 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. McCLendon	ADDRESS 4535 WASHINGTON
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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.....

John K. Cunningham

Licensed Embalmer No. 447

P. O. Address 4700 Ha

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