

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41780

State File No. ....

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 10931

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St Louis</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>DOA Homer W. Phillips</i>		e. STREET ADDRESS (If rural, give location) <i>2022 Franklin 2779</i>	
3. NAME OF DECEASED a. (First) <i>Theodore</i> b. (Middle) <i>Ash</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>12-10-55</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Nov 24, 1932</i>
9. AGE (In years last birthday) <i>23</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Alabama</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Warren Ash</i>		13b. MOTHER'S MAIDEN NAME <i>Classic Austin</i>	14. NAME OF HUSBAND OR WIFE <i>Single</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes war II</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mary Austin 2618 Dayton</i>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock and internal hemorrhage due to bullet wound suffered when shot with gun in hands of one Sallie Hughes (Co.) in</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Wife at 2008 Franklin Ave., shot out 7:00 am Dec 10 1955</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>could not be determined</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Cafe</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis MO</i>	21f. HOW DID INJURY OCCUR? <i>000 E 919.6</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec 10 66 7:00</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <i>7:40A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Print name and title) <i>Theodore Ash</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>12/13/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12:17.55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Ship to Bessemer Ala. Bessemer Ala.</i>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <i>DEC 13 1955</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>A. H. Burks 3506 Franklin</i>	

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

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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 *Heroy M. Penn*.....

Licensed Embalmer No. *45*.....

P. O. Address *3880*.....

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.