

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36417**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9034**

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. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4129 Fairfax Avenue** STREET ADDRESS (If rural, give location) **4130 Fairfax Avenue**

3. NAME OF DECEASED (Type or Print) a. (First) **ALFRED** b. (Middle) \_\_\_\_\_ c. (Last) **WINSTON** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 28, 1956**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 16, 1923** 9. AGE (In years last birthday) **33** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. 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 **Indep. Packing** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Wayman Winston** 13b. MOTHER'S MAIDEN NAME **Mary Easley** 14. NAME OF HUSBAND OR WIFE **Ethel Mae Winston**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War II** 16. SOCIAL SECURITY NO. **490-22-1186** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Mary Thedford 4129 Fairfax**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Gunshot wound of face and** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Heart suffered when shot with rifle in hands of one Robert Walker (Col.) in front of** DUE TO (c) **about 4129 Fairfax Avenue about 5:58 p.m. Sept. 28, 1956** II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **Homicide E981x** 20. AUTOPSY? YES  NO

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

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY **9-28-56 8:58 p.m.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **See above**

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 **6:51** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Deputy** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **10/1/56**

24a. BURYAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10/5/56** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY LOCAL REG. **OCT 2 1956** REGISTRAR'S SIGNATURE **Charles J. Gates** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **4107 Finney**

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 *Arthur L. Hollisand* .....

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

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.