

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 2778
State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5686**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MO.** b. COUNTY **LEMA**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **CITY HOSPITAL NO. 1** 227 1033 CHOUTEAU AVE.
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED a. (First) **PERCY** b. (Middle) _____ c. (Last) **NELSON** 4. DATE OF DEATH (Month) (Day) (Year) **6 14 57**

5. SEX **MALE** 6. COLOR OR RACE **COLORED** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **1911** 9. AGE (In years last birthday) **46** IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CHAUFFEUR** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (State or foreign country) **ST. LOUIS, MO.** 12. CITIZENSHIP OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **PERCY ROBERSON** 13b. MOTHER'S MAIDEN NAME **SARAH NELSON** 14. NAME OF HUSBAND OR WIFE **JULIA ROBERSON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **UNKNOWN** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Kathie Beard 4535 Mack St**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Penetrating stab wound of Aorta.** 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.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
DUE TO **suffered when stabbed with knife in hands of one, Mary Morgan, (col) in vicinity of 1033 Chouteau Ave, approx 100 pm, June 14, 1957**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **E 982x** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **homicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **6 14 57 6:30 P** 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? 21f. HOW DID INJURY OCCUR? _____

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 **7:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **6-18-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **6-21-57** 24c. NAME OF CEMETERY OR CREMATORY **OAKDALE CEMETARY** 24d. LOCATION (City, town, or county) (State) **LEMA COUNTY, MO.**

DATE REC'D BY LOCAL REG. **JUN 18 '57** REGISTRAR'S SIGNATURE **J. Carl Smith md** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **MCCLAYNE BANISTER 4251 WASHINGTON**

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 _____
Student Embalmer

Signed

Leroy U. Parnick

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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 this body is not embalmed, fact should be so stated above.