

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

3646  
STATE FILE NUMBER

1003

Registration District No. **318** Primary Registration District No.

Registrar's No. **60**

300  
-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE			
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS- MO				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST LOUIS- MO	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2206 Carr Str				Length of stay in lb 2 yrs		STREET ADDRESS 2206 CARR ST	
3. NAME OF DECEASED (Type or print) First: SIDNEY Middle: W Last: STARR				4. DATE OF DEATH Month: 1 Day: 1 Year: 58			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-22-1926	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY NON		11. BIRTHPLACE (City and state or country) VICKSBURG MISS		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME WYMON STARR			13b. MOTHER'S MAIDEN NAME BERTHA BARGETT			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT BERTHA BARGETT 2206 CARR.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of the head,</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Suffered when shot with gun in hands of one, Osie Dawkins, in</i> DUE TO (c) <i>room of house at 830 p.m.</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (a) <i>Dickson St. about 8:30 p.m. January 1st, 1958.</i>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <i>Homicidal or accidental could not be determined</i>							
20c. TIME OF INJURY 8:30 p.m. 1/1/58							20f. CITY, TOWN, OR LOCATION ST LOUIS MO
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home							22c. DATE SIGNED 1/4/58
21. I attended the deceased from <i>9:00 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Joseph M. Dickson</i>					22b. ADDRESS <i>1208 Clark</i>		23d. LOCATION (City, town, or county) (State) COUNTY: ST LOUIS- MO
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVE		23b. DATE 1-8-58		23c. NAME OF CEMETERY OR CREMATORY FATHER-DICKSON			
24. FUNERAL DIRECTOR PEASTON FURNEL HOME			ADDRESS 3615 EASTON		25. DATE RECD. LOCAL REG. JAN 4 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith MD</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Leroy W. Sannis, Jr.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.