

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038409  
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2696

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kinloch 40910</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>		Length of stay in 1b <u>45 min.</u>	d. STREET ADDRESS (If outside, give location) <u>1121 Wesley</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u></u> Last <u>Travis Jr</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>19</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6 May 1928</u>	9. AGE (In years last birthday) <u>30</u> IF UNDER 24 HRS. FUNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Kinloch, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>David Travis Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Head</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma J. Travis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes 1950-56</u>		16. SOCIAL SECURITY NO. <u>1950-56</u>	17. INFORMANT Address <u>Ann H. Travis, 1040 Wesley, Kinloch</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive internal bleeding following gunshot wound of abdomen fired at close range</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>range</u> DUE TO (c) <u>984x</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Open Verdict</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot by Police Officer when deceased was being questioned by said Officer and an argument ensued</u>			
20c. TIME OF INJURY Hour <u>2:30</u> Month <u>Oct</u> Day <u>10</u> Year <u>1958</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		20f. CITY, TOWN, OR LOCATION <u>Kinloch</u> COUNTY <u>St. Louis</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Raymond H. Harris</u> 3 Coroner			22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>23 Oct 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		23d. LOCATION (City, town, or county) (State) <u>Berkeley, Mo.</u>
24. FUNERAL DIRECTOR <u>Boyd Bros, Kinloch, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-21-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Edward A. Flynn* .....

Licensed Embalmer No. *4444* .....  
P. O. Address *Hamlock, Fla.* .....

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.