

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
*3114-17*

1. PLACE OF DEATH **NOV 15 1937** Registration District No. **791**  
 (a) County **St. Louis** Primary Registration District No. **1003**  
 (b) Township **St. Louis** (c) City **St. Louis** (d) Street No. **Homer G. Phillips** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ernestine Adkins**  
 (a) Residence, No. **3208 1/2 Belle ave., St. 21** (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **F** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Squire Adkins**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 12-1910**  
 7. AGE YEARS **22** MONTHS **4** DAYS **12** If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Wife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**  
 13. NAME **Thomas Johnson**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**  
 15. MAIDEN NAME **Leona**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**  
 17. INFORMANT (ADDRESS) **Squire Adkins 3008 1/2 Belle ave.**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Meridian Miss** DATE **Oct 30 37**  
 19. FUNERAL DIRECTOR (ADDRESS) **F. A. Green 2915 Franklin ave**  
 20. **OCT 30 1937** **J. F. Bredeck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 24 1937**  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_.  
 The principal cause of death and related causes of importance were as follows:  
**Gunshot wound of the Brain and Intracranial Hemorrhage, at the hand of one Eddie Randle, at 3020-a Franklin Avenue, about 3:00 o'clock A.M., October 24, 1937.**  
 Homicide.  
 Other contributory causes of importance:  
**172**  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **Yes**  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **homicide** Date of injury **10/24/1937**  
 Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. **home**  
 Manner of injury **See above**  
 Nature of injury **See above**  
 24. Was disease or injury in any way related to occupation of deceased? **NO**  
 If so, specify \_\_\_\_\_ (Signed) **Alfred Perry M.D.**  
 \_\_\_\_\_ (Address) **Deputy Coroner**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION: **S.P.**

FATHER: **2**

MOTHER: **2**

I X12004

**STATEMENT BY LICENSED EMBALMER**

I, J. A. Green, Licensed Embalmer No. 2963  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. A. Green  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. 2963  
working under my personal supervision.  
Signed J. A. Green  
Licensed Embalmer No. 2963

**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.)**