

ED MAY 18 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4345

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 5 years (Specify whether years, months or days)

3. (d) PRINT FULL NAME Elizabeth Randle

3. (b) If veteran, name war No 3. (c) Social Security No. 4

4. Sex Female 5. Color or race Oak 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter Randle 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 1 1910
(Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Lambert Miss 1
(City, town, or county) (State or foreign country)

MOTHER FATHER

11. Industry or business _____
12. Name Henry Skard

13. Birthplace Ala 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Butler

15. Birthplace Ala-1
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Randle

(b) Address 239 S. Jefferson Ave

17. (a) Removal (b) Date thereof 5-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clayton, Miss

18. (a) Signature of funeral director John W. Henshall

(b) Address 408 S. Jefferson at Kirkwood

19. (a) MAY 10 1943 (b) J. B. Bredeek
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 239 S. Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, year 1943 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 25, 1943 to May 7, 1943
that I last saw him/her alive on May 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (autopsy) Duration 2 days

Due to _____

Due to _____

Other conditions 109
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Smith (M. D. or other) _____

Address 230 S. Whittier Date signed 5/7/43

WRITE PLAINLY—USE 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.....

myself...... Registered Apprentice No.....
working under my personal supervision.

Signed.....
W. Houston

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas St.*

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.