

No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40817

FILED DEC 29 1943 18
Registration District No. 143

Primary Registration District No. 1003

Registrar's No. 11198

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 22 days
(Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 911
(d) Street No. 4247 E. Evans
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bertha Ball Randall Stone

3. (b) If veteran, name war -
3. (c) Social Security No. 490-26-7858

4. Sex Female 5. Color or Race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Stewart Randle
6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased April 7, 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 5
If less than one day hr. min.

9. Birthplace Henderson Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Crossmother

11. Industry or business -

MOTHER FATHER

12. Name Elvin Ball
13. Birthplace Henderson Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte B. Brown
15. Birthplace Corydon Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Willas Hurd
(b) Address 4247 E. Evans

17. (a) Burial (b) Date thereof 12/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Charles F. Gates
(b) Address 4107 Foreg

19. (a) DEC 15 1943 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12,
year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from November
20, 1943 to December 12, 1943
that I last saw h. er alive on December 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration Unk.
Due to 13 1/2
Due to 13 1/2
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

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 Alva Moore (M. D. or other)
Address 2601 W. 11th Date signed 12/13/43

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.....

Thomas J. Gates

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Thomas J. Gates*

Licensed Embalmer No. *4257*

P. O. Address *4107 Honey*

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.