

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 188

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME EMMA BUSCH RANDALL.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife Frank Randall. 6. (c) Age of husband or wife if alive 58. years

7. Birth date of deceased July 12, 1888.
(Month) (Day) (Year)

8. AGE: Years 55. Months 5. Days 25. If less than one day _____ hr. _____ min.

9. Birthplace Cannelton, Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

12. Name Peter Busch.

13. Birthplace Alsace Lorraine.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dietz.

15. Birthplace Caub, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Randall.

(b) Address 4227 Botanical Ave.,

17. (a) Removal. (b) Date thereof 1/10/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cannelton, Indiana.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Bly'd

19. (a) JAN 7 1944 (b) J. J. Bruden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4227 Botanical Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y, day 6th,
year 1948. hour 10:35 minute P. M.

21. I hereby certify that I attended the deceased from 11-24, 1944 to 1-6, 1944

that I last saw him alive on 1-6-44 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Duration

21 days

Due to leakage of bile into peritoneal cavity.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Gal stones

Of operations _____
Of autopsy Several peritonitic

PHYSICIAN

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 Prof. O. Owens (M. D. or other) _____
Address 630 N. Grand St. Date signed 1/6/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

844

Dr Bert O. Owens.
Missouri Theatre Bld'g.,
11:00 to 1:00
JE: 5171.

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.....

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

Signed Clarence H. Murra

Licensed Embalmer No. 40 11

P. O. Address St Louis Mo

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.