

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1785

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission) a. STATE Mo. b. COUNTY 2149	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton	c. LENGTH OF STAY (In this place) 2 Yrs.	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Miller Nursing Home		e. STREET ADDRESS (If rural, give location) 5253 Lindenwood Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) ETHEL	b. (Middle) MAE	c. (Last) RANDALL	4. DATE OF DEATH (Month) (Day) (Year) July 21 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1914
9. AGE (In years last birthday) 40	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 40
11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Rabe	13b. MOTHER'S MAIDEN NAME Mamie Muck	14. NAME OF HUSBAND OR WIFE Robert L. Randall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 329-10-9116	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert L. Randall 5253 Lindenwood Av.

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		6 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple sclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1949, to July 21, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE Grace E. Berger, M.D. (Degree or title)	23b. ADDRESS 114 N. Taylor (P)	23c. DATE SIGNED 7-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1954	24c. NAME OF CEMETERY OR CREMATORY AND LOCATION (City, town, or county) (State) Sunset Burial Park St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 7-22-54	REGISTRAR'S SIGNATURE Herbert R. Dombroski	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1147 H. Campbell, No. 12-6

**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 *W. P. Chapman*.....

Licensed Embalmer No. 453

P. O. Address.....

**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.**