

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006827

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1274

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer, P. Phillips</u>		d. STREET ADDRESS (If outside, give location) <u>1248<sup>th</sup> Goodfellow</u>	

3. NAME OF DECEASED (Type or print) First <u>Darren</u> Middle <u>Randle</u> Last <u>Randle</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>5</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 5, 1960</u>	9. AGE (last birthday) Months <u>5</u> Days <u>9</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Earl Randle</u>		13b. MOTHER'S MAIDEN NAME <u>Eunice Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Inf.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Earl Randle</u>		Address <u>1248<sup>th</sup> Goodfellow</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 2<sup>nd</sup> + 3<sup>rd</sup> degree burns of 85% of body, suffered in fire in home on January 23, 1961

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) accident DUE TO (c) 916-0-16

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to the terminal disease condition given in PART I (a))

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>
20c. TIME OF INJURY Hour <u>1-23-61</u> a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>05 Home</u>	20f. CITY, TOWN, OR LOCATION <u>St Louis</u>	COUNTY <u>mo</u> STATE
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21. I attended the deceased from 4:55 A to her and last saw him alive on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at 4:55 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph M. Quinn Deputy Coroner</u>	(Degree or title)	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>2-6-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Feb 9, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem</u>	23d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>
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24. FUNERAL DIRECTOR <u>F. A. Green 4214 Delmar</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>FEB 8 1961</u>	26. REGISTRAR'S SIGNATURE <u>Lead Smith, M.D.</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.