

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

32906
Do not use this space.

Registered No. 8960

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City **St. Louis** (d) Street No. **2601** N. Whittier St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Margaret Randle**

(a) Residence, No. **3100 Clark** St. **18** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 21, 1910**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

27 4 --

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **house wife**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

13. NAME **Hugh Taylor**

14. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

15. MAIDEN NAME **Eleanor Russel**

16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL **Greenwood Cem.** PLACE DATE **9/25** '37

19. FUNERAL DIRECTOR **Ellis funeral Home.** (ADDRESS) **2820 Stoddard St.**

20. FILER **SEP 25 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 21** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 30** 19 **37**, to **Sept. 21** 19 **37**

I last saw her alive on **Sept. 21** 19 **37**. Death is said to have occurred on the date stated above, at **5:45 m. p.m.**

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset **8/30/37**

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **A. L. Lemis** M. D.
(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, Ronnie Boykins

Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Ronnie Boykins

Licensed Embalmer No. 2946

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.)