REG'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

4846
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1

(b) Township ..... Primary Registration District No. ..... Registered No. 1539

(c) City St Louis (d) Street No. 3119A Evans Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 59 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Luvilla Randle

(a) Residence, No. 3119A Evans St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnnie Randle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1st 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	2	11	

OCCUPATION

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) Warren Co. (STATE OR COUNTRY) Mississippi

FATHER

13. NAME Turner Williams

14. BIRTHPLACE (CITY OR TOWN) Miss. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) ?

17. INFORMANT Johnnie Randle (ADDRESS) 3119A Evans Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 2-17 1939

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

20. FILED FEB 17 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12th 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 m. A. M.

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

	Date of onset
Chronic Myocarditis; Fatty Degeneration of the heart; Diffuse Arterio Sclerosis; Chronic Interstitial Nephritis with Cyst of Right Kidney, non-malignant	

Other contributory causes of importance:

131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 See above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph N. Lynch, M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12904

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykin, Licensed Embalmer No. 2946

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Lonnie Boykin

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.)