

FILED APR 13 1942 791

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether \_\_\_\_\_)  
In this community 25 years (Specify whether \_\_\_\_\_)  
years, months or days)

3. (a) PRINT FULL NAME Leslie Randall

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-03-9155

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced Married  
7. (b) Name of husband or wife Name Randall 6. (c) Age of husband or wife if alive 28 years  
8. Birth date of deceased Sch 21 1906 (Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation janitor

11. Industry or business \_\_\_\_\_

12. Name W M Randall

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Mary Freeman

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Alexander

(b) Address 2823 Lucas ave.

17. (a) Burial (b) Date thereof Mar 31, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleview Greenwood Cem.

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave.  
19. (a) MAR 30 1942 (b) J. F. Brodeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL.")  
(d) Street No. 2823 Lucas (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26, year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from March 18, 1942 to March 26, 1942; that I last saw him alive on March 26, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess Duration 2 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 114 d. Of autopsy 114 d.

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature J. W. Johnson (M. D. or other) \_\_\_\_\_

Address 2801 N. Whittier Date signed 3/27/42

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

✓  
30  
9

21 17  
9

**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.....

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin a*

**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.**