

FILED JUN 22 1942

State File No. _____
Registrar's No. 320

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11037 Washington Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 92
(If outside city or town limits, write "RURAL")
(d) Street No. 1037 Washington 98
(If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-19-42
_____ 19 _____ to 5-10-42

that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hodgkins disease
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? 0

While at work? _____ (Specify type of place)
(e) Means of injury MD

23. Signature RJ Smith (M., D., or other)
Address 300 Clay Date signed 6-1-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Bernice Randolph

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Dr. Randolph 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 8 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 21 hr. _____ min. _____
If less than one day

9. Birthplace St. Charles Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

12. Name George Ellis

13. Birthplace St. Charles Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Alvina Duckett

15. Birthplace Cottleville Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant George Ellis

(b) Address 1037 Washington, St. Charles, Mo

17. (a) Burial (b) Date thereof June 1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem., St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 300 N. Second, St. Charles, Mo

19. (a) June 1, 1942 (b) Clarence G. Messler
(Date received local registrar) (Registrar's signature)

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

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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 John E. Dallmeyer
Licensed Embalmer No. 2451
P. O. Address St Charles Mo

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.