

FILED FEB 23 1943 18

State File No. \_\_\_\_\_  
Registrar's No. 1394

Registration District No. \_\_\_\_\_ 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. 4 days  
In this community 49 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County \_\_\_\_\_  
(c) City or town. St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3123 Pine St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Randall

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Unknown 6. (c) Age of husband or wife if alive. Unk years  
7. Birth date of deceased. Abt 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt 56 hr. min.

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

10. Usual occupation. Unemployed

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

MOTHER FATHER

12. Name. Edward Randall  
13. Birthplace. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name. Mattie Daughtery  
15. Birthplace. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant. Homer G. Phillips Hosp. Record

(b) Address. 2601 N. Whittier

17. (a) Removal (b) Date thereof. 2/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. E. St. Louis, Ill.

18. (a) Signature of funeral director. R. M. C. Green

(b) Address. 3517 Laclade Ave

19. (a) FEB 12 1943 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. February day. 7,  
year. 1943 hour. 10 minute. 55 P. M.

21. I hereby certify that I attended the deceased from February 3, 1943 to February 7, 1943;  
that I last saw h. in alive on February 7, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Tuberculosis Duration Unknown

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

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

Other conditions (Include pregnancy within 3 months of death) 10

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature. J. F. Brudek (M. D. or other) \_\_\_\_\_  
Address. 2601 N. Whittier Date signed. 2/12/43

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

**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: *M. Green*

Licensed Embalmer No. *1173*

P. O. Address: *3517 Sealed Ave*

**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.**