

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38260
STATE FILE NUMBER
10283

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis ²¹¹⁹ ₀	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 434I Kennerly Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last RANDOLPH WILLIAM TUTTLE		4. DATE OF DEATH Month Day Year OCTOBER 29, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 24, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Randolph Tuttle		13b. MOTHER'S MAIDEN NAME Sallie Ball	
14. NAME OF HUSBAND OR WIFE Erline Tuttle		17. INFORMANT Address Erline Tuttle 434I Kennerly Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 493-20-3057	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY FAILURE AND COR PULMONALE			INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			434.3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) KYPHOSCOLIOTIS 50 YEARS			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT: SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from OCT. 12, 1957 to OCT. 29, 1957 and last saw her alive on OCT. 29, 1957 Death occurred at 8:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. D. Vermillion, M.D.</i>		22b. ADDRESS Barnes Hospital	
		22c. DATE SIGNED 10/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/4/57	
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County MO.	
24. FUNERAL DIRECTOR Peoples Und.Co. 3100 Franklin Ave.		25. DATE RECD. BY LOCAL REG. NOV 1 57	
		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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1951

DEPARTMENT OF HEALTH

STATE OF MISSISSIPPI

TO: _____

DATE: _____

PERSONAL: _____

SEX: _____

SIGNATURE: _____

DATE: _____

STATE: _____

BY: _____

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 _____, Student Embalmer No: _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed N. Claude Gardner

Licensed Embalmer No. 34189
P. O. Address 4575 Old

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.