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

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 39011

Township ..... Primary Registration District No. 1003 Registered No. 11703

City St Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Tony Randazzo

(a) Residence. No. 4565 Euright St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth Randazzo

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1893

7. AGE: abt. 35 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lamp Lighter
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

PARENTS
10. NAME OF FATHER: Unknown Randazzo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): .....

14. INFORMANT: Mrs. S. C. McCluney
(Address) 37 Kingsbury Pl.

15. FILED DEC -2 1928 19 Max C. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/29 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-19-28, 19..., to 11-29, 1928 that I last saw him alive on 11-29, 1928, and that death occurred, on the date stated above, at 6 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia 124

31 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Bronchial fistulae from Lung Abscess following Operation for Cholecystitis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? non Tubercular from History

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-26-28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) N. Monnell, M. D.

11/30 1928 (Address) 1600 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary | DATE OF BURIAL: 12-3 1928

20. UNDERTAKER: Arthur J. Donnelly | ADDRESS: 2039 Wash St