

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

Do not use this space.

8175

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. St. Pauls Hosp)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 2561
St. Ward)

2. FULL NAME Melva M. Randolph

(a) Residence. No. 2324 St. Louis Ave. St. 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1931

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

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1931, to Feb. 24, 1931.
that I last saw her alive on Feb. 24, 1931, and that death occurred, on the date stated above, at 6:30 P.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 - 1895

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>35</u>	<u>3</u>	<u>12</u>	

Acute pneumonia
10 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) Lowell School
(c) Name of employer

1100
Bar Pneumonia (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (D)

10. NAME OF FATHER Oscar Randolph

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 24 1931

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Lillie Loew

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. W. Lewis, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

2/25, 1931 (Address) 2342 L'houisse

14. INFORMANT Lillian Randolph
(Address) 2324 St. Louis Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary
DATE OF BURIAL Feb. 27 1931

15. FILED 26 1931 W. E. Starnes
REGISTRAR

20. UNDERTAKER W. E. Starnes
W. E. Starnes
ADDRESS 1417

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.

