

DEC 13 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39425
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **7911**
 (b) Township Primary Registration District No. **1008**
 (c) City **Saint Louis** (d) Street No. **Homer G. Phillips Hospital** Registered No. **10412** St.
 (e) Length of residence in city or town where death occurred **Unknown** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Love Randolph**

(a) Residence, No. **4577 Garfield Avenue** St. **II**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**
 5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, STATE STATUS OF HUSBAND OF (OR WIFE OF) **Unavailable**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown - 1887**
 7. AGE YEARS **50** MONTHS DAYS If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **George Randolph**
 14. BIRTHPLACE (CITY OR TOWN) **Hopkinsville**
 (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Emma Johnson**
 16. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Georgia Benson**
 (ADDRESS) **4577 Garfield Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cemetery May 4th 1937**

19. FUNERAL DIRECTOR **Charles J. Sells**
 (ADDRESS) **4105 Finney Avenue**

20. FILED **NOV 3 1937** **J. W. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 4, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **7:55 P.M.**
 The principal cause of death and related causes of importance were as follows:
Oedema of the Brain.
Chronic Alcoholic Gastritis.
 Other contributory causes of importance: **75**
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**
 If so, specify
 (Signed) **Joseph M. Jensen** M.D.
 (Address) **1300 Clark Avenue**
Deputy Coroner

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.

2422
OCCUPATION

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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.)