

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33660

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No. 8357

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 1/2 hours.
(Specify whether
In this community. 3 Wks.
years, months or days)

3. (a) PRINT FULL NAME Maggie Randeau

3. (b) If veteran, name war. No 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Charlie 6. (c) Age of husband or wife if alive. 17 years

7. Birth date of deceased. Nov 17 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business

12. Name John McCain

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sverett Allen.
(b) Address 2926 Rutger

17. (a) Removal. (b) Date thereof. 9-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Julesa, Okla.

18. (a) Signature of funeral director. Shas. D. Bull
(b) Address 4455 Washington, Bklyn

19. (a) OCT 8 1940 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Julesa
(c) City or town. Julesa NR
(If outside city or town limits, write "RURAL")
(d) Street No. 1319 W 22
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 28 day _____
year 1940 hour 9 minute 14 P.M.

21. I hereby certify that I attended the deceased from 9-25
1940 to 9-26 1940
that I last saw her alive on 9-26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia - 9-25-40
caused by
Due to cerebral hemorrhage

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration
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)
(a) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 2767 Park Date signed 9-28-40

L.V. GARVIN.

8357

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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 *Harold P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St. Louis, Mo.*

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.