

1 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

119724

State File No.

APR 9 1941

Registration District No. 8x

Primary Registration District No. 200

Registrar's No. 719

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Gravois
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community. years, months or days)

3. (a) PRINT FULL NAME Mary Randolph
 3. (b) If veteran, name war. None
 3. (c) Social Security No. 492-05-6448

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Late Leslie Randolph
 6. (c) Age of husband or wife if alive. years
 7. Birth date of deceased Jan. 1st 1889
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>52</u> | <u>2</u> | <u>29</u> | hr. min. |

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER {
 12. Name John Hall
 13. Birthplace Washington Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Jones
 15. Birthplace Washington Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Stoll
 (b) Address 3649 Cleveland Ave.

17. (a) Burial (b) Date thereof 4-4-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary
 (b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 2 1941 (b) T R Meyer
 (Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3649 Cleveland Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19.....; to 19.....; that I last saw h..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death While riding as a passenger in an auto that was struck by another automobile - Duration 3/31/41
 Due to Multiple fractures of skull: subarachnoidal hemorrhage
 Due to rhage

Other conditions (Include pregnancy within 3 months of death) 170C-6

Major findings: Of operations 2 N
 Of autopsy Yes

PHYSICIAN
 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) accident
 (b) Date of occurrence March 31, 1941
 (c) Where did injury occur? Gravois Township
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

23. Signature Rouis H. Boy (Specify type of place) (Specify type of place)
 While at work? Means of injury
 Address Kirkwood, Mo., 4-1-41 Date signed

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

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

Edwin A. M. Bennett

Licensed Embalmer No. *3024*

P. O. Address.....

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.

