. S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 789

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3641

Primary Registration District No. 200

Registrar's No. 321

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St Louis

(c) City or town Manchester
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Nursing Home
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louis Randall

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 23 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	18	hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name unknown

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

14. Maiden name Unknown

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

16. (a) Informant Manchester Nursing Home

(b) Address Manchester, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St Josephs Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood? mo.

19. (a) FEB 11 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1942 hour minute A M.

21. I hereby certify that I attended the deceased from 1-1-42 to 2-11 19 42 that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	7
Due to	
Due to	
Other conditions Senile Degeneration (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 2-11-42

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H. Bopp, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis H. Bopp

Licensed Embalmer No. 22

P. O. Address Oakwood

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.