S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 666

Primary Registration District No. 1003

Registrar's No. 741

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:
2600a Marcus Ave.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 12 7 11

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2600a Marcus Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Minerva Randall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles W. M. Randall

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

7. Birth date of deceased Feb. (Month) 2 (Day) 1867 (Year)

8. AGE: Years 75 Months 11 Days ~~10~~ 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Charles H. Marsden

13. Birthplace (City, town, or county) England (State or foreign country) 4

MOTHER

14. Maiden name Martha J. Cuningham

15. Birthplace (City, town, or county) England (State or foreign country) 4

16. (a) Informant Edward E. Randall

(b) Address 8911 Eager Rd. Richmond Hts

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 N. Union Blvd.

19. (a) JAN 25 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24th year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from April 8 1935, 19, to Jan. 24, 1943, that I last saw h. alive on Jan. 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	
Due to: Auricular fibrillation	
Cirrhosis of the liver	
Due to: Ascites	
Diabetes mellitus	
Other conditions: Carcinoma of the breast (radium treatment)	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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 0

23. Signature Ray David Williams (M. D. or other)

Address 114 N. Taylor, St. Louis Date signed 1/25/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Ray David [illegible]
114 W. Taylor ave
JE 8600
1 — 5 P.M.

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

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.