S. No. 2
M—5-42
5-17-39
FILED OCT 30 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35795

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2386

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2905 So. Kingshighway Blvd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lloyd G. Randolph

3. (b) If veteran, name war None

3. (c) Social Security No. 487-22-7128

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Randolph

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. (Month) 26th (Day) 1884 (Year)

8. AGE: Years 59 Months 7 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Fireman

11. Industry or business

FATHER
12. Name Jasper Randolph
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Grace Dickey
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Minnie Randolph

(b) Address 2905 S. Kingshighway Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 26 1943 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th year 1943 hour 12:33 minute A.M. 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.

	Duration
Immediate cause of death: Acute Pancreatitis	3 days
Due to Chr. Cholecystitis & Cholelithiasis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

12 6

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 [signature] (M. D. or other) M.D.

Address St. Louis Co. Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 1946

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 Richard W. Stauersang

Licensed Embalmer No. 4007

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.