

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11426

FILED MAR 31 1947 318

State File No. _____
Registrar's No. 2904

Registration District No. _____ Primary Registration District No. 1003

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:
Homer G. Phillips 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)

3. (a) PRINT FULL NAME Leon Randolph
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored
 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 August 18 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 7 25 hr. min.

-9. Birthplace Lake Providence La.
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Randolph

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

14. Maiden name Mary Hill

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

16. (a) Informant Mary Hill

(b) Address 3418 Franklin

17. (a) Burial (b) Date thereof Mar. 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. F. Breneck

(b) Address 3847 Jagg Boul
 19. (a) MAR 18 1947 (b) J. F. Breneck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3418a Franklin Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
 year 1947 hour 7:57 minute _____ P. 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 Subdural hematoma,
when found lying in the street, in
front of 3316 Bell Av., around 6:59 PM
March 13, 1947. CAUSE AND MANNER OF
SAME COULD NOT BE DETERMINED.
 Due to _____
 OPEN VERDICT.

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 195
 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) OPEN VERDICT
 (b) Date of occurrence 3-13-1947
 (c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? no (Specify type of place) (c) Means of injury See above 3

23. Signature Patrick E. Taylor (M. D. or other) Def. Cor
 Address 1300 Clark Ave Date signed 3/18/47

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.....

Charles Dewing King....., Registered Apprentice No. *475*
working under my personal supervision.

Signed *C. J. Nax*.....

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Page*.....

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.