

No. 2  
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17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

19267

FILED JUN 13 1947

State File No. \_\_\_\_\_  
Registrar's No. **5416**

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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: **Peoples Hospital** *0*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether \_\_\_\_\_)

In this community **12 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County *020*

(c) City or town **St. Louis** *17*  
(If outside city or town limits, write "RURAL")

(d) Street No. **4226 East Page Blvd.** *9*  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) *1*

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James Randall**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **702-07-7542**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**  
year **1947** hour **2** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **May 16**, 19**47** to **May 28**, 19**47**  
that I last saw him alive on **May 28**, 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **Male** *2* 5. Color or race **Negro**

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

6. (b) Name of husband or wife **Martella Randall**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **September 12 1904**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>42</b> | <b>8</b> | <b>16</b> | hr. _____ min. _____ |

Immediate cause of death **Pulmonary Embolism**

Due to **Congestive Heart Failure**

Due to **Chronic Myocarditis**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Arkadelphia, Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Waiter**

11. Industry or business **Railroad**

MOTHER FATHER { 12. Name **J.P. Randall** *9*

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

14. Maiden name **Sally Wingfield**

15. Birthplace **Unavailable** *9*  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Martella Randall**

(b) Address **4226 East Page Boulevard**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 3, 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Avenue**

19. (a) **JUN 2 1947** (Date received local registrar's certificate) (b) **J. F. Bredek** (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature **W.B. Whittle** (M. D. or other) *0*

Address **2221 Locust St.** Date signed **May 29, 1947**

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

**STATEMENT BY LICENSED EMBALMER**

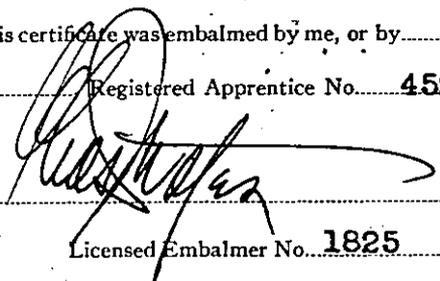
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**John K. Cunningham**

Registered Apprentice No. **452**

working under my personal supervision.

Signed.....

  
Licensed Embalmer No. **1825**

P. O. Address **4107 Finney Avenue**

**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.**