S. No. 2
I—1/47
5-17-39

WRITE PLAINLY—USING, UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29420

Registrar's No. 8242

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: 4868 Page Blvd.
(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 Missouri (b) County

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

(d) Street No. 4868 Page Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Randall

3. (b) If veteran, name war Worlds War #1

3. (c) Social Security No. 494-28-9054

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Ida Randall

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased December 29, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	27	hr. min.

9. Birthplace Mount Holley, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation General Hauling

11. Industry or business

FATHER
12. Name Chas. Randall
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Fairchild
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Idax~~Randall~~ Randall
(b) Address 4868 Page Blvd

17. (a) Burial (b) Date thereof 8/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) AUG 29 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1947 hour 10 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 Hemorrhage of Brain — Duration

Due to Time, Cause, and Manner of Injury Could not be determined

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) See Verdict

(b) Date of occurrence Aug

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Aug
(Specify type of place)

While at work? (e) Means of injury 6 abov

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

Address Spring Corona Date signed 8/29/47

Jefferson City Printing Co.

(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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

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.