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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21247
State File No. _____
5357
Registrar's No. _____

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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 **WILLIAM RANDALL**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ella M. Randall** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Jan 16 1884**
(Month) (Day) (Year)

8. AGE: Years **64** Months **4** Days **25** If less than one day hr. min.

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

10. Usual occupation **Mantince**

11. Industry or business **House of Good Sheppard**

12. Name **John Lewis Randall**

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

14. Maiden name **Virginia Stanfield**

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

16. (a) Informant **Mrs Ella M. Randall**

(b) Address **1521 N 9th Str.**

17. (a) **Burial** (b) Date thereof **6/14/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Peters**

18. (a) Signature of funeral director **Central Und. Co**

(b) Address **1841 Cass ave**
JUN 12 1948
19. (a) **J. F. Bradick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **0-20**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **1521a N 9th Str** (If rural, give location) **9**
Memorial (e) Citizen of foreign country? **26** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **11th**
year **1948** hour **6** minute **30** A.M.
21. I hereby certify that I attended the deceased from **3/13/48**
19____ to **June 11th 19 48**
that I last saw h. **im** alive on **June 11th 19 48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Massive hemoptysis** Duration **12 hours**
Due to **Pulmonary tuberculosis** **1 year?**

Other conditions **Duodenal ulcer**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1/2**
Of autopsy **1/2**
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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Wm J. Atkinson** **M. D.**
3515 Lafayette **6/11/48**
Address _____ Date signed _____

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER



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 Henry M Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.