

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37093**

FILED NOV 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2776

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b> <u>4452</u>	
c. LENGTH OF STAY (In this place) <b>8 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1 Forest Ridge Drive.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#1 Forest Ridge Drive</b>			
3. NAME OF DECEASED (Type or Print) <b>Nathaniel</b>		a. (First) <b>Nathaniel</b> b. (Middle) <b>B</b> c. (Last) <b>Burwell Randolph</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct-26-52</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Aug. 30 1881</b>	
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired: President, Granite Steel Co.</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Granite Steel Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Milwood, Virginia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Phillip Grymes Randolph</b>	
13b. MOTHER'S MAIDEN NAME <b>Ruth Caroline O'Fallon</b>		14. NAME OF HUSBAND OR WIFE <b>Irene Niedringhouse.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>333-03-4596</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John L. Gillis; Clayton, Missouri</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ART. Sclerotic Heart Disease</b> <b>1 year</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 26, 1952</u> , to <u>Oct 26, 1952</u> ; that I last saw the deceased alive on <u>Oct 26, 1952</u> and that death occurred at <u>9:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. B. Innes Kelly M.D.</b>		23b. ADDRESS <b>1700 S. Second St. Louis</b>	
23c. DATE SIGNED <b>Oct 26, 52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-28-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-28-52</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Daniels-M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>		ADDRESS <b>7233 Delmar Blvd.</b>	

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

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.