

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016333
STATE FILE NUMBER

1003

FILED MAY 8 1958 Registration District No. 318 Primary Registration District No. Registrar's No. 4156

1. PLACE OF DEATH a. COUNTY ST LOUIS MO				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G PHILLIPS D.O.A.				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1387 UNION AVE	
3. NAME OF DECEASED (Type or print) RILEY JAMES RANDOLPH				4. DATE OF DEATH APRIL 13 1958		Month Day Year	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN 1, 1921	
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT OWNER RESTAURANT		11. BIRTHPLACE (City and state or country) JACKSON MISS-	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME WALTER RANDOLPH SR				14. MOTHER'S MAIDEN NAME ANNIE B LONG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES JULY 1943 - JUNE 46 UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT David Randolph Address 176 E Kipling			
18. CAUSE OF DEATH (Enter only one cause and line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quiescent wound of heart of heart							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. suffered when shot with gun in hands of one Charles Pearson at 4865 Easton Ave. about 100 am. April 13, 1958							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. TIME OF INJURY Hour Month, Day, Year 100 a.m. 4 1958		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Laura		20c. DESCRIBE HOW INJURY OCCURRED (Enter part of injury in Part I or Part II of item 18.) struggle in Laura's			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION St Louis Mo		20f. COUNTY STATE			
21. I attended the deceased from 145A to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M Kelly (Degree or title) Deputy		22b. ADDRESS 3 1300 Clark				22c. DATE SIGNED 4-16-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE April 18-58		23c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery		23d. LOCATION (City, town, or county) (State) Jackson Miss-	
24. GENERAL DIRECTOR J. J. Vandell & Sons		25. DATE RECD. BY LOCAL REG. APR 16/58		26. REGISTRAR'S SIGNATURE Carl Smith MO			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, Coroners, etc. must use only Standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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Health,
Welfare
Public
Service

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MAY 16 1958

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.....
Signature of Student Embalmer

Signed.....
Heador J. Jan

Licensed Embalmer No. *40*

P. O. Address.....
*130 Glen
Webster Bros*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.