

RD DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013564

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Registration District No. 317 Primary Registration District No. 541 Registrar's No. 854 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Length of stay in 1b		c. CITY OR TOWN <u>OVERLAND</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS CO HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2207 SIMS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>IRVING RANDALL</u>				4. DATE OF DEATH Month Day Year <u>3 10 60</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-25-1903</u>		9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINT ANCE MAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>MCDONNELL AIR CRAFT CO</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>WILLIAM RANDALL</u>				13b. MOTHER'S MAIDEN NAME <u>MINNIE GRASHAM</u>				14. NAME OF HUSBAND OR WIFE <u>LAVINA RANDALL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>489-03-6697</u>		17. INFORMANT Address <u>LAVINA RANDALL 2207 SIMS</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound of chest with laceration of liver and massive intra-abdominal hemorrhage</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>Open Verdict</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Contact 22 caliber rifle gunshot wound of chest</u>									
20c. TIME OF INJURY <u>6:10 approx</u>		Hour Month, Day, Year <u>3/10/60</u>											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>basement of home</u>		20f. CITY, TOWN, OR LOCATION <u>Overland</u>		COUNTY <u>St. Louis</u>		STATE <u>Missouri</u>					
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Raymond H. Hand</u> (Degree or title) Coroner						22b. ADDRESS <u>Clayton, Mo.</u>				22c. DATE SIGNED <u>3/15/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3 14 60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LAUREN HILL</u>				23d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO MO</u>					
24. FUNERAL DIRECTOR <u>EARL HILMAN</u> ADDRESS <u>OVERLAND MO</u>				25. DATE RECD. BY LOCAL REG. <u>3-11-60</u>		26. REGISTRAR'S SIGNATURE <u>John B. Munfling M.D.</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. Yes No

Student _____
Signature of Student Embalmer

Signed *Emmanuel*

Licensed Embalmer No. 3501

P. O. Address Onstaid 14

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.