

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

810461-034822 STATE FILE NUMBER

1003

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8104

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Homer Phillips Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>4706 Newberry Terrace</u>	
3. NAME OF DECEASED (Type or print) First <u>Wardell</u> Middle <u>Labe</u> Last <u>Randolph</u>		4. DATE OF DEATH Month <u>8</u> Day <u>29</u> Year <u>61</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>8-25-16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		11. BIRTHPLACE (City and state or country) <u>LAKE Village ARK.</u>	
13a. FATHER'S NAME <u>Patrick Randolph</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Alice Randolph</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>		17. INFORMANT <u>Mrs. Alice Randolph 4706 Newberry</u>	
13b. MOTHER'S MAIDEN NAME <u>Alberta Lewis</u>		17. ADDRESS <u>4706 Newberry</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>Massive intra-thoracic Hemorrhage. Contrib:</u> DUE TO (b) <u>Penetrating stab wound of heart, suffered when stabbed with weapon in hands of parties unknown, in front of about 4190 Easton ave., about 1-2 1/2 a.m. on Aug. 29, 1961</u> DUE TO (c) <u>Homicide</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE terminal disease condition given in PART I (a) <u>982x</u>			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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:46</u> a.m. / p.m. Month, Day, Year. <u>8-29-61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo</u>		COUNTY STATE
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>Joseph J. Smith</u> (Degree or title)		22b. ADDRESS <u>1300 East</u>	22c. DATE SIGNED <u>8-31-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>9-2-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	23d. LOCATION (City, town, or county) (State) <u>Brown Road, St. Louis City, Mo.</u>
24. FUNERAL DIRECTOR <u>Gordon-English</u>	ADDRESS <u>1123 N. Taylor</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 31 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

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 N. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.