

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3697-63-018116
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3697

FILED APR 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH. a. COUNTY		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>St. Louis</u>		Length of stay in lb <u>5 weeks</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1309 Belton Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Phillip</u> Middle <u>Liste</u> Last <u>Randall</u>		4. DATE OF DEATH Month <u>March</u> Day <u>30</u> Year <u>1963</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>4-4-01</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Lead Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Reed City, Michigan</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Fred Randall</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Furrey</u>	
14. NAME OF HUSBAND OR WIFE <u>Arlene Randall</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>	
16. SOCIAL SECURITY NO. <u>3</u>		17. INFORMANT Address <u>Mrs. Arlene Randall 1309 Belton</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>Coronary Infarct with Coronary Sclerosis; Adhesive Pericarditis; Spinal Fracture, and other injuries;</u> DUE TO (b) <u>Suffered in fall from pole while working at National Lead Co., St. Louis County,, on February 21st</u> DUE TO (c) <u>1963.</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>ACCIDENT</u> <u>902.3-5</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 checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See Above</u>	
20c. TIME OF INJURY Hour <u>?</u> a.m. <u>?</u> p.m. <u>?</u> Month, Day, Year <u>2-21-63</u>	20d. INJURY OCCURRED <input checked="" type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Cemohay Plant</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, County, Mo.</u>	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>11:05 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul Simon</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED (State) <u>4/1/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>4-3-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>
23d. LOCATION (City, town, or county) <u>St. Louis Co., Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Walter Lera Laska</u>	
25. DATE RECD. BY LOCAL REG. <u>APR 1 1963</u>		26. REGISTRAR'S SIGNATURE <u>Loard 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 *V E Morris*

Licensed Embalmer No. 3360

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.