MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9827

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2388

City St. Louis, Mo. (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Evelyn Randolph

(a) Residence. No. 3506a Iowa Ave. St., 24 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13-1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
32	5	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER August Hinz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis Mo.
12. MAIDEN NAME OF MOTHER Anna McGrath
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Wm E. Randolph
(Address) 3506a Iowa Ave.

15. FILED ....., 19.... Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1927, to March 8, 1927 that I last saw her alive on Mar 7, 1927 and that death occurred, on the date stated above, at 2:35a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
1 1 2 B
1 2 2 P 1 8 B
1 2 4 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Intestinal Obstruction (Partial) from Adhesion of a former Operation for ruptured Fallopian Tube due to (duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Pregnancy
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/3/27
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

3/8 (Signed) M J Pulliam, M. D
, 1927 (Address) 2838 California

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cem.	Mar 11 - 1927.

20. UNDERTAKER	ADDRESS
Ziegenhein Bros. 2623	Cherokee

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.