

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

Do not use this space.

19973

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

File No.....

Township.....

Primary Registration District No.....

1003

Registered No.....

5735

City *St Louis*

(No. *3143*)

*Patomac St*

St.....

Ward.....

**2. FULL NAME**

*Carwin B. Randolph*

(a) Residence. No..... St. *16* Ward.....

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
*Husband of Melba Randolph*

6. DATE OF BIRTH\* (MONTH, DAY AND YEAR) *May 4, 1892*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
<i>35</i>	<i>1</i>	<i>15</i>	<i>15</i>	<i>2</i> hrs. <i>15</i> min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Electrical Mechanic*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Electrical Repair*  
(c) Name of employer *Self*

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

10. NAME OF FATHER *Millard Randolph*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Illinois*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Julia Witzel*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Illinois*  
(STATE OR COUNTRY)

14. INFORMANT *Melba Randolph*  
(Address) *3143 Patomac St*

15. FILED *21 1927* *Max Starvooff*  
19 REGISTER

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 19, 1927*

17. I HEREBY CERTIFY, That I attended deceased from *June 2*, 19*27*, to *June 19*, 19*27* that I last saw him alive on *June 18*, 19*27*, and that death occurred, on the date stated above, at *1:45 A.* m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Endocarditis Chronic*

*108 920A 100/101A*  
(duration) *2* yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

*Acute nephritis due to*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Labor Pneumonia*

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY..... *no*

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) *Burling S. Leon, M. D.*  
, 19 (Address) *837 Missouri Bldg.*

\*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

*Sunset Burial Park* *June 29, 1927*

20. UNDERTAKER *McLaughlin*  
ADDRESS *1631 Mission*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

