NOV 29 1927

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

Do not use this space.

31462

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City (No. MT. SAINT ROSE SANATORIUM 37 St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 E
File No.
Registered No. 360

2. FULL NAME Joseph Randazzo
(a) Residence. No. 1235 N. Ninth St., 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 15 1910

7. AGE: Years 16 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe worker
(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: Sam Randazzo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy.
12. MAIDEN NAME OF MOTHER: Vincent Farrara
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT: Hospital Records
(Address) MT. SAINT ROSE SANATORIUM

15. FILED Oct. 3 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 2 1927

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1927, to Oct. 2, 1927, that I last saw him alive on Oct. 2, 1927, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS

23A (duration) 1 do not know yrs. mos. ds.

CONTRIBUTORY (SECONDARY): none

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? I do not know

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum.

(Signed) Lawrence Schlenker, M. D.
no/3, 1927 (Address) 3515 S. Grand Bl., St. Louis

*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: Calvary
DATE OF BURIAL: Oct 5 1927

20. UNDERTAKER: Bensieke Nirhaus
ADDRESS: 1138 N. 6

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.