

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

Do not use this space.

35389

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Alexan Bn Hosp**)

File No.

Registered No. **10575**

St.

Ward)

2. FULL NAME

Charles Randazzo

(a) Residence. No. **2349 Michigan** St., **73** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

da.

How long in U.S., if of foreign birth?

Yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Lena Bolezina

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 9 - 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

24

9

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Carpet

(c) Name of employer

Fannon - Barr

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

10. NAME OF FATHER

Frank Randazzo

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

12. MAIDEN NAME OF MOTHER

Leonica

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

14.

INFORMANT

(Address)

**Lena Randazzo
2349 Michigan**

15.

FILED

25 1927

Max B. Starckoff

REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 25th 1927

17.

I HEREBY CERTIFY, That I attended deceased from

Nov 3rd 1927 to **Nov 28th 1927**

that I last saw him alive on **Nov 23rd 1927**, and that death occurred, on the date stated above, at **5 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Sarcoma of Right Lung
4715 Medication
51A (duration) yrs. 1 1/2 mos. da.**

CONTRIBUTORY (SECONDARY)

Sarcoma Right Kidney (duration) yrs. 1 1/2 mos. da.

18. WHERE AND HOW CONTRACTED

**Dead of Alexan Bn Hosp
IF NOT AT PLACE OF DEATH... Nov 25th 1927**

DID AN OPERATION PRECEDE DEATH?

No DATE OF **Nov**

WAS THERE AN AUTOPSY?

No (was refused)

WHAT TEST CONFIRMED DIAGNOSIS?

General symptoms

(Signed)

See H. Flynn, M.D.

11/25, 1927 (Address)

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

St Peter & Paul

Nov 26 1927

20. UNDERTAKER

ADDRESS

Paul & Calcaterra 1920 Cooper St

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.

1851

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100

100

100