

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

Do not use this space.

37681

1. PLACE OF DEATH

County.....

Registration District No. 791
1003

Township.....

Primary Registration District No.

City, St. Louis No.

St. Ward)

File No.
Registered No. 10769

2. FULL NAME

Alphonse Randale (Alphonse Randale)

(a) Residence. No. 4263 E. Gate Brilliant

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

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

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

7. about YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 unknown or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work stock girl
(b) General nature of industry, business, or establishment in which employed (or employer) Knuffel's
(c) Name of employer of Good Co.

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Daniel Buckner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Miss Whiting

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT Arthur R. Royals
(Address) 4263 E. Gate Brilliant

15. FILED 111 May C. Starley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1930, to Nov 12, 1930, that I last saw her alive on Nov 11, 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
(duration) 1 yrs. 11 ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? PM
(Signed) F. M. Naper, M. D.

Nov 12, 1930 (Address) 2211 Chestnut

*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 Nov 15 1930

20. UNDERTAKER Connett Toney Co ADDRESS 6546

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.

