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.

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

Do not use this space.

15636

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 3721 Gravois St. ..... Ward)

File No. .....

Registered No. 4064

2. FULL NAME Marco Randazzo

(a) Residence. No. 3721 Gravois St., 16 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)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 24 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	11	7	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

PARENTS

10. NAME OF FATHER Anthony Randazzo

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

12. MAIDEN NAME OF MOTHER Grace Bommarito

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

14. INFORMANT John Randazzo
(Address) 3721 Gravois

15. FILED ..... 19 ..... Max C. Hartley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/28, 1931, to 4/1, 1931, that I last saw him alive on 4/1, 1931, and that death occurred, on the date stated above, at 11:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
95 B

Acute dilatation of Heart (duration) yrs. mos. 4 ds. 1/2 hour

CONTRIBUTORY (SECONDARY) Lobar Pneumonia Left. (duration) yrs. mos. 4 ds.

108

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Eber Simpson, M. D.

4/1, 1931 (Address) 3729 Gravois A.E.

*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	Apr 4 1931
20. UNDERTAKER	**ADDRESS**
Bensick-Niehaus	1138 N 6th