

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

Do not use this space.

18048

File No. _____
Registered No. **5018**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 170
Township _____ Primary Registration District No. 1000
City St. Louis (No. Alexander Bros. Hospital)

2. FULL NAME

Santo Randon
(a) Residence, No. 7517 Keeley St. 1 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 - 1885

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:00 m.

7. AGE YEARS 47 MONTHS 3 DAYS 6 If LESS than 1 day,hrs. ormin.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. labor

Other contributory causes of importance: VEIF

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Represent 17

Shock & Injuries (Internal) received when he fell in quarry while working on a ledge of rock, in St. Louis County.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Name of operation Accident Date of _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

What test confirmed diagnosis? _____ Was there an autopsy? Yes

13. NAME Angelo Randon

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/20, 1932

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

Where did injury occur? St. Louis County, Mo. (Specify city or town, county, and State)

15. MAIDEN NAME Reina Roscoberton

Specify whether injury occurred in industry, in home, or in public place. Industry (Quarry)

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

Manner of injury Fell into Quarry

17. INFORMANT (ADDRESS) Angelo Roscoberton 7500 So Broadway

Nature of injury Internal Injuries

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Known DATE May 25th 1932

24. Was disease or injury in any way related to occupation of deceased? Yes

19. UNDERTAKER (ADDRESS) Funeral Home Company 7216 Michigan

If so, specify _____ (Signed) Tom Power M.D.

20. FILED _____ REGISTRAR _____

(Address) Carroll

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

