

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

Do not use this space.

37160

1. PLACE OF DEATH

County Registration District No. File No.
Township Primary Registration District No. Registered No. **9773**
City **St. Louis** No. **4436 North 14th** St. Ward

2. FULL NAME

Dr. Edward K. Randall
(a) Residence, No. **4436 North 14th** St., Ward
(Usual place of abode)

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

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 **Marie D. Randall (Waterhouse)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 3, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Physician**

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kirksville Mo**

13. NAME **Lymay Randall**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known Ill**

15. MAIDEN NAME **Unknown Burcher**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT (ADDRESS) **Mrs. Marie D. Randall**
4436 North 14th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friends** DATE **Nov. 5, 1932**

19. UNDERTAKER (ADDRESS) **Math. Hermann & Son**
4161 East Florissant Ave.

20. FILED **CV-4** **Nov 19 1932** **Marie Stander** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 2, 1932**

22. I HEREBY CERTIFY, that I attended deceased from **Sept 9, 1932** to **Nov 2nd, 1932**
I last saw him alive on **Oct 10th, 1932** Death is said to have occurred on the date stated above, at **5:45 p.m.**

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

Chronic Myocarditis
Apoplectic
Thrombosis, cerebral Hemorrhage
Non Traumatic

Name of operation Date of
What test confirmed diagnosis? **Autopsy** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **Alfred Theo. Vogel** M. D.
(Address) **4244 W. Florissant Ave**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

