

JUN 12 1935

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

Do not use this space.

17784

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **Saint Louis** (No. **4265 W. St. Ferdinand Avenue** St. Ward)

File No.
Registered No. **4094**

2. FULL NAME **Jennie Randals**

(a) Residence, No. **4265 W. St. Ferdinand St.** // Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **79** yrs. **5** mos. **10** 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) Widow
5A. RE MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Charles Simson Randals		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23/1855		
7. AGE YEARS 79	MONTHS 5	DAYS 10
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
	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. Unk

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
(STATE OR COUNTRY) **Missouri**

13. NAME **William Robinson**

14. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
(STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Lucy Ann Marshall**

16. BIRTHPLACE (CITY OR TOWN) **Fredrickburg**
(STATE OR COUNTRY) **Virginia**

17. INFORMANT **Wm. P. Randals**
(ADDRESS) **4265 W. St. Ferdinand Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery, May 7th/1935**

19. UNDERTAKER **Charles J. Baker**
(ADDRESS) **4107 Finney Avenue**

20. FILED **6** 1935 19 **J. J. Bredock**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3rd,** 19 **35**

22. **I HEREBY CERTIFY,** That I attended deceased from **Feb 15** 19**35**, to **May 2** 19**35**

I last saw h. or alive on **May 1** 19**35** Death is said to have occurred on the date stated above, at **12:30 A.M.**

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

mitral insufficiency - 28 mo

Other contributory causes of importance: **age**

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) **Dr. Edward Beer**, M. D.

(Address) **2901 Laclede Avenue**

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.

Dr. Edward Bell

MAY 17 1954