

DEC 13 1937

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

39114
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis Mo** (d) Street No. **Romer & Phillips Bldg.** Registered No. **10101** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Randolph Smith
(a) Residence, No. **119 South Leonard** St. **18** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 12 - 1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 3 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Palmer**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation **11**

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

FATHER 13. NAME **Jim Smith**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Laura Brooks**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Charles Mo.**

17. INFORMANT (ADDRESS) **Laura Brooks 119 So. Leonard**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **Nov 1 1937**

19. FUNERAL DIRECTOR (ADDRESS) **English Funeral Home 2731 Lucas Ave**

20. FILED **NOV 1 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 27 1937**

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

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **10:50 A.M.**

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

Removal of wound from gunshot wound of abdomen, small intestine ruptured at base of one Walter Murphy in the performance of his duty about 4:10 o'clock
Date of onset

Other contributory causes of importance:

P.M. Oct. 27 1937 at 23 and market streets.

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 **gun** Date of injury **10/27, 1937**

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

Specify whether injury occurred in industry, in home, or in public place.

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) **Walter J. Perry** M.D.

(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, John Fetter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by
working under my personal supervision.
Signed John Fetter, Registered Apprentice No.
Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)