REC'D APR 1 1938

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

8720
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 2309

(c) City St Louis (d) Street No. St Luke's Hospital 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 Dovey Randolph 534

(a) Residence, No. 1338 Walton Ave St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William G. Randolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 18, 1868

7. AGE: YEARS 70 | MONTHS 0 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: at home
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): Maryville, Missouri

FATHER
13. NAME: John Heflin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pettis County, Missouri

MOTHER
15. MAIDEN NAME: Rebecca Ann Hopkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Missouri

17. INFORMANT (ADDRESS): Mrs. Roberta De Voto, 1338 Walton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Cemetery DATE: March 9, 1938

19. FUNERAL DIRECTOR (ADDRESS): Geo. L. Pleitsch Inc., 5966 Easton Ave

20. FILED MAR 8 1938 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1938, to 3-6, 1938
I last saw her alive on 3-5, 1938. Death is said to have occurred on the date stated above, at 1:25 a.m.
The principal cause of death and related causes of importance were as follows:

Post operative pneumonia Bronchial

Date of onset

139a

Other contributory causes of importance:
Degenerated ovarian cyst left (benign.)

Name of operation: L. salpyng-oophorectomy & hysterectomy Date of 2-2-38
What test confirmed diagnosis? Physical Was there an autopsy? No

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) Robert L. Tolle, M. D.
(Address) St. Luke's Hosp. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. Tolle Robt S.
5610 Enright Ave.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 3484

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed David Gibson

Licensed Embalmer No.....

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