

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

24120
Do not use this space.

1. PLACE OF DEATH **NEA AUG 12 1938**

(a) County **791** Registration District No. **1003**

(b) Township Primary Registration District No.

(c) City **St. Louis** (d) Street No. **4141 Pleasant** St.

(e) Length of residence in city or town where death occurred **25** yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Caroline Randell** **534**

(a) Residence, No. **4141 Pleasant** St. **10** (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 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 Widow of Adam Randoll		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20, 1861		
7. AGE	YEARS 77	MONTHS 3
	DAYS 9	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.	
	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)	Okawville Illinois	
FATHER	13. NAME Wm. Klasing	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany	
17. INFORMANT Hubert Randoll (ADDRESS) 4141 Pleasant		
18. BURIAL, CREMATION, OR REMOVAL PLACE Okawville, Ill. DATE Aug. 1, 1938		
19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.		
20. FILED JUL 27 1938 J.F. Bredner Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 29, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 15, 1938** to **July 29, 1938**.
I last saw her alive on **July 29, 1938**. Death is said to have occurred on the date stated above, at **6** am.

The principal cause of death and related causes of importance were as follows:
Excerebra of Stenohy 7-15-38

Other contributory causes of importance: **H6B**

Name of operation Date of
What test confirmed diagnosis **Cerebral** 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) **Alfred J. Bredner** M.D.
(Address) **3807 N. Grand St.**

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.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert

Licensed Embalmer No. 2212

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

Myself

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

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.)