

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29919
Registrar's No. 7258

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3108 Pine St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2/ 17

(d) Street No. 3108 Pine
(If rural, give location) 1

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Maud Randell

3. (b) If veteran, name war None

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1941 hour 11:00 minute 0 M.

21. I hereby certify that I attended the deceased from March 7
1941 to Sept 5 1941

that I last saw h-r alive on Sept 4 1941
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Randell

6. (c) Age of husband or wife if alive Dead years _____

7. Birth date of deceased 1891
(Month) (Day) (Year)

Immediate cause of death Carcinoma - Urinary Bladder 1 moe

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Ill (State or foreign country)

10. Usual occupation House Work

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name William Edwards

13. Birthplace _____ (City, town, or county) Ill (State or foreign country)

14. Maiden name Elizabeth Duncan

15. Birthplace _____ (City, town, or county) Ill (State or foreign country)

16. (a) Informant Taylor

(b) Address 3108 Pine St.

17. (a) Removal (b) Date thereof Sept 9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta Ill

18. (a) Signature of funeral director J W Hughes
2620 Lawton

(b) Address _____

19. (a) SEP 8 1941 (b) J. Biedeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Darryl Butler (M. D. or other)
Address 4500 Olive Date signed 9/6/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed... *Lynnda Hughes*
Licensed Embalmer No. *2938*
P. O. Address *St Louis Mo*

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.)

If this body is not embalmed, fact should be so stated above.