

FILED MAY 29 1943

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1243

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
647 Norfolk Dr.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 66 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 4

(c) City or town Kirkwood 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 647 Norfolk Dr.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Caroline Randall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Randall

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

7. Birth date of deceased: January 23, 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>2</u>	<u>hr. min.</u>

9. Birthplace: Unknown Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Unknown

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Albert W. Jameson

(b) Address 647 Norfolk Dr.

17. (a) Burial (b) Date thereof 5/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 26 1943 (b) C. G. McParry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1943 hour 2:30 AM minute ----- M.

21. I hereby certify that I attended the deceased from Jan 15 1940 to May 25 1943;  
that I last saw her alive on May 25 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death uremic convulsions 12 hr

Due to Chronic interstitial nephritis 3 yr +

Due to renal changes

Other conditions renal resurgitation  
(Include pregnancy within 3 months of death)

Major findings: arteriosclerosis

Of operations none made

Of autopsy none made 131A

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 -----

23. Signature Joseph Davis (M. D. or other) 0

Address 313 N 9th St Date signed 5-26-43

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

96  
7  
3

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**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.....

*Welford G. Burnley*

Licensed Embalmer No.....

*372 N. Boyle*

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.**