S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19148

Registration District No. FILED JUN 12 1944 Primary Registration District No. 3070 Registrar's No. 1249

1. PLACE OF DEATH:

(a) County ST LOUIS CO.

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

(c) Name of hospital or institution: # 5 Armin Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution —— (Specify whether
In this community 21 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. # 5 Armin Place
(If rural, give location)

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

If yes, name country ——

3. (a) PRINT FULL NAME RAYMOND RUDOLPH RANDOLPH

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. 497-10-8777

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LEE S RANDOLPH

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased APRIL (Month) 15 (Day) 1890 (Year)

8. AGE: Years 54 Months 0 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace POPE CO. (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business FOOD PRODUCTS

FATHER
12. Name WILLIAM J RANDOLPH
13. Birthplace POPE CO. (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name NANCY N GULLETT
15. Birthplace POPE CO. (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant Nancy Randolph Brand
(b) Address #5 Armin Pl. Webster Groves, Mo

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JUNE 7 1944 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director Parker Und. Co.
(b) Address Webster Groves Mo.

19. (a) JUN 7 - 1944 (Date received local registrar) (b) E. J. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 17 — 1944, to June - 4 — 1944; that I last saw him alive on June 4th 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	18 mo
Due to: Arteriosclerosis	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Gall	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur W Westrup (M. D. or other)
Address Webster Groves Mo Date signed 6-5-44

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1944

JUL 27 1944

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 Leslie Welch, Registered Apprentice No. 362, working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Nebles Grove

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.