

#35292

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32719

State File No.

FILED NOV 19 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9360

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3833 Hartford  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Lillian Randolph

3. (b) If veteran, name war None 3. (c) Social Security No. 498-10-2815

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced Divorced

6. (b) Name of husband or wife Jack Randolph 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased December 8 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 10 25 hr. min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Factory Work

11. Industry or business St. Louis Ordnance Plant

MOTHER FATHER { 12. Name James Newman  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Ford  
15. Birthplace Jersey County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everett Parsell  
(b) Address Jerseyville, Ill.

17. (a) Removal (b) Date thereof 11-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) NOV 3 1944 (b) J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd  
year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 10/27/44  
1944, to Nov. 3rd 1944  
that I last saw her alive on Nov. 3rd 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of dura  
Due to carcinoma of liver

Other conditions arteriosclerosis Hb  
(Include pregnancy within 3 months of death)

Major findings: Of operations metastatic Ca of dura  
Of autopsy Ca of liver - metastases

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 0

23. Signature J. F. Downey M.D. (M. D. or other)  
6535 LAFAYETTE Date signed 11/3/44

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

MAR 27 1945

**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 John G. Gonski  
Licensed Embalmer No. 3348  
P.O. Address.....

**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.**