V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39723

Registration District No. FILED DEC 27 1944 818

Primary Registration District No. 1003

Registrar's No. 10536

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:
2623 Gamble 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 16 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2623 Gamble St. 21
(If rural, give location)

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

3. (a) PRINT FULL NAME Roxie Randolph

3. (b) If veteran, name war no

3. (c) Social Security No. no card

4. Sex 3 Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife ------

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

7. Birth date of deceased March 1884
(Month) (Day) (Year)

8. AGE: abt Years 60 Months - Days - If less than one day hr. min.

9. Birthplace Henderson Co. Ky. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business

FATHER
12. Name John Murray
13. Birthplace Henderson Co. Ky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Henderson Co. Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Herchel Randolph
(b) Address 2623 Gamble St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1944.
(Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cemetery

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.

19. (a) DEC 11 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 th
year 1944 hour 4 00 minute 45 A M.

21. I hereby certify that I attended the deceased from Sept 1, 1944 to Dec 8, 1944
that I last saw her alive on Dec 7, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchitis	4 mos
Due to Rheumatism	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

106

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 J. S. Jaggers (M. D. or other)
Address 30 2nd St Jefferson Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Heilland

Licensed Embalmer No 4221

P. O. Address 1154 Bayard St.

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.