

STANDARD CERTIFICATE OF DEATH

32283

State File No.

9399

FILED NOV 10 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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:  
4530 Lexington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Pasquale Randazzo

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased November 7 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
24 11 21 ..hr. ..min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nahel

11. Industry or business.....

12. Name Mike Randazzo

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

14. Maiden name Eleanor Randazzo (cousin)

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

16. (a) Informant Tom Corish, wife

(b) Address 4530 Lexington

17. (a) Burial (b) Date thereof Nov. 1, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Robert Duchow

(b) Address 1431 Union Boulevard

19. (a) OCT 30 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4530 Lexington  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 28 day.....  
year 1945 hour 6:15 minute..... P. M.

21. I hereby certify that I attended the deceased from.....  
Oct 23, 1945 to Oct 28, 1945  
that I last saw him alive on Oct 25  
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 10-23-45

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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?

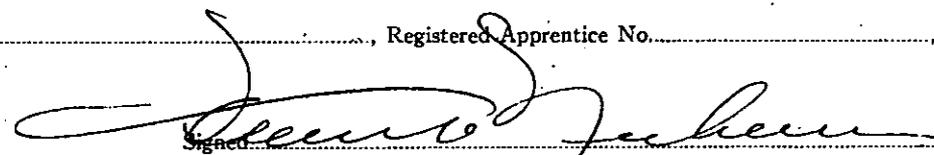
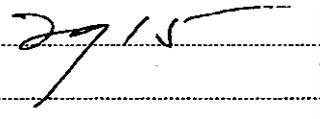
While at work?..... (Specify type of place)  
(e) Mode of injury.....

23. Signature Remmett M.D. or other M.D.  
Address 3808 N. Grand Date signed 10-30-45

3862 M. Newark  
Dr. Bergman  
12-12

**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   
Licensed Embalmer No.   
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.**