No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 9 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

State File No. 15559
Registrar's No. 4506

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: 2241 Thurman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 40 years
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. 2241 Thurman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mr. Frank Randall
3. (b) If veteran, name war -----
3. (c) Social Security No. 488-07-4964

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Busch
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March (Month) 17 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	1	13	hr. min.

9. Birthplace Rock Castle County, (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Repairman-Lineman
11. Industry or business Southwestern Bell Telephone Co.
12. FATHER Name Samuel W. Randall
13. FATHER Birthplace Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Mary Jane Boling
15. MOTHER Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Raymond Brown
(b) Address 2241 Thurman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Beiderwieden F H Inc.
(b) Address 1936 St. Louis Avenue
19. (a) MAY 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour 10: minute 05 P. M.
21. I hereby certify that I attended the deceased from Sept. 20, 1946 to April 30, 1947 that I last saw him alive on April 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage intracranial, cerebral, acute	3 days
Due to Hypertension essential and arteriosclerosis generalized	2 yrs.?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 H. K. Purcell (M. D. or other) M.D.
Address 466 Kingsland St. Louis, 8, Mo Date signed 5/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Harry R. Purcell
4660 Maryland (8)

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis Ave

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.