. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1947 318

State File No. 28880

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 8176

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 920 N 13th St 9
(If rural, give location)

25

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

If yes, name country .....

3. (a) PRINT FULL NAME Randolph Brexton

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife ROBIE

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 2- (Month) 18 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	6	8	..... hr. ..... min.

9. Birthplace CLARKVILLE (City, town, or county) MO. (State or foreign country)

10. Usual occupation PORTER

11. Industry or business 1329 COLE ST

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY JANE
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Nelson Jenkins
(b) Address 1329 COLE ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation GREEN WOOD

18. (a) Signature of funeral director Bennie Lane
(b) Address 3103 WASHINGTON AVE

19. (a) AUG 28 1947 (Date received local registrar) (b) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1947 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Aug. 8, 1947, to Aug. 26, 1947; that I last saw him alive on Aug. 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Parkinson's Syndrone	Undet.
Due to	
Due to	
Other conditions Old Cerebral Accident (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy No

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 John B Clayton (M. D. or other)

Address 2601 N Whittier Date signed 8/27/47

Jefferson City Printing Co.

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45 75 Alden

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.