F. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 29422

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2316

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 St. Marys Infirmary
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 919 Walton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Randolph
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife George Randolph
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 60 | Months | Days | If less than one day hr. min.

9. Birthplace Natchez, Miss (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

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

MOTHER
14. Maiden name Mary
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant William Whitfield
(b) Address 919 Walton
17. (a) Burial Miss (Burial, cremation, or removal) (b) Date thereof Sept. 3 (Month) (Day) (Year)
(c) Place: burial or cremation Natchez, Miss
18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine St.
19. (a) SEP 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1947 hour 1 minute 58 P.M.

21. I hereby certify that I attended the deceased from November, 1946, to August 28, 1947; that I last saw her alive on 8-24, 1947; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Arteriosclerotic Heart Disease | Unknown |
| Chr Nephritis | 11 |
| Due to | |
| Due to | |
| 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 B. S. Smith (M. D. or other)
Address 11 N Jefferson St Louis Mo Date signed 8-30-47

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

**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.