S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics I
FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 649

Registration District No. 379 Primary Registration District No. 3063 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hrs. (Specify whether
In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis Co.
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 2, Box 387, Clayton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Randall
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Mar. (Month) 25 (Day) 1898 (Year)

8. AGE: Years 49 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Ste. Genevieve, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Charles Randall
13. Birthplace Ste. Genevieve, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Bertha Randall
(b) Address Rt 2 Box 387, Clayton
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Genevieve, Mo.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) 3-9-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 5
year 1948 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from Nov. 15, 1946, to Mar. 5, 1948; that I last saw him alive on Mar. 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular asystole
Due to Hypertensive cardiovascular disease with auricular fibrillation
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Marked Cardiac hypertrophy

Duration

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 Albert B. Kirsch (M. D. ~~or other~~)
Address 601 Brentwood Blvd Date signed 3/5/48

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

MAR 22 1948

MAR 25

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 John K. Cunningham, Registered Apprentice No.....,

working under my personal supervision.

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney 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.