No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34593

FILED OCT 18 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8728

1. PLACE OF DEATH:

(a) County

(b) City or town City St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-23-46/10-6-48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0 0 0

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. City Infirmary 0
(If rural, give location)

(e) Citizen of foreign country? 13 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Zelma Randol.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

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

6. (b) Name of husband or wife Wm. S. Randol

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

7. Birth date of deceased Oct (Month) 8 (Day) 1852 (Year)

8. AGE: Years 95 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation home

11. Industry or business retired

FATHER
12. Name Unknown Ramsey
13. Birthplace (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Ruth Held

(b) Address 4827a Penrose

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Herman Harral

(b) Address To Hartmann 1905 Union

19. (a) OCT 7 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10- day 6
year 48 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from ..., 19..., to 10-6- 1948
that I last saw her alive on 10-6- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Arteriosclerosis of abdominal aorta c̄ aneurysm and organizing thrombosis

Due to gangrene legs secondary to above

Generalized visceral atrophy

Senility

Other conditions Lipoma left thigh
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

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 0

23. Signature Clotus L Krag, M.D. (M. D. or other)

Address 5600 Arsenal St, St Louis Date signed Oct 6, 1948

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

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 Warren A. Carver

Licensed Embalmer No. 3534

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.