

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 28454
 Registrar's No. 7142

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6635 Fyler</u>				d. STREET ADDRESS (If rural, give location) <u>3 6635 Fyler</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>R</u> c. (Last) <u>Randol</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 24, 1867</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bricklayer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>0</u>		13a. FATHER'S NAME <u>Marcus Randol</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McKinley</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Randol</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-18-7713</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena Randol 6635 Fyler</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Hyfrustration</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>1 year</u> <u>?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ABT</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>156A</u>					
22. I hereby certify that I attended the deceased from <u>Sept 13, 1949</u> , to <u>Aug 13, 1949</u> , that I last saw the deceased alive on <u>Aug 11, 1949</u> and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>St Louis Schuchat, MD</u>				23b. ADDRESS <u>2200 Chestnut ave</u>		23c. DATE SIGNED <u>8-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 16 1949</u>		REGISTRAR'S SIGNATURE <u>J B Sasata J</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L Ziegenhein & Sons 7027 Gravois</u>			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank J. Swain

Licensed Embalmer No. 2245

P. O. Address St Louis Mo.

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.