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FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39187
10473

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town OR St. Louis, Missouri) c. LENGTH OF STAY (in this place) 6 days.		c. CITY (If outside corporate limits, write RURAL and give township) University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) N. W. 7100 Delmar Blvd;	

3. NAME OF DECEASED (Type or Print) a. (First) Frank	b. (Middle) C.	c. (Last) Rand	4. DATE OF DEATH (Month) (Day) (Year) December 2, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 26, 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industrialist	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Red Banks, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Oscar Rand.	13b. MOTHER'S MAIDEN NAME Ada Norfleet.	14. NAME OF HUSBAND OR WIFE Nettie Hale Rand.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Henry H. Rand; ADDRESS 7100 Delmar Blvd;
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Post-operative pneumonia		

19a. DATE OF OPERATION 11/29/49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of left lung	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 49 MO
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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? 162X
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22. I hereby certify that I attended the deceased from **Nov. 27, 1949**, to **Dec. 2, 1949**, that I last saw the deceased alive on **Dec. 2, 1949**, and that death occurred at **11:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. Bradley, M.D. (Degree or title)	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 12/3/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/5/1949	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery; St. Louis, Mo.	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. DEC 6 1949	REGISTRAR'S SIGNATURE J. B. Keaster	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Ruppel ADDRESS 1233
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(Licensed Embalmer's Statement on Reverse Side)

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

10473

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 _____

Clarence H. Murray

Licensed Embalmer No. _____

4011

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.