

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 6629  
1512 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis - Missouri</u>		c. LENGTH OF STAY (in this place) <u>20 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Alto Pass</u>		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Doyle</u> b. (Middle) <u>David</u> c. (Last) <u>Randolph</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 13 - 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	8. DATE OF BIRTH <u>March - 14 - 1936</u>	9. AGE (In years last birthday) <u>13yr</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Alto Pass - Ill</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>James A. Randolph</u>		13b. MOTHER'S MAIDEN NAME <u>Vesta Luto</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>James A. Randolph</u> ADDRESS <u>Alto Pass Ill</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Leukemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>2043</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>1-25-50</u> , 19 <u>50</u> , to <u>2-13, 1950</u> , that I last saw the deceased alive on <u>2-13, 1950</u> , and that death occurred at <u>1:30</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. G. Klingberg</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>St. Louis</u>		23c. DATE SIGNED <u>2-13-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Alto Pass Ill</u>		
DATE REC'D BY LOCAL REG. <u>FEB 15 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Salaten</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS _____		

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

1512

**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 Ronald O Yalunke

Licensed Embalmer No. 3917

P. O. Address OT Law 10

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.