

3. No. 300
V. 10.48

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 85666

40004
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>11645</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. John's</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u>		<u>4544</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rugh Manor Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>7312 Esplanade Ave.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>MARIE</u>	b. (Middle) <u>W.D.</u>	c. (Last) <u>RANDALL, M.D.</u>	(Month) <u>July</u>	(Day) <u>2</u>	(Year) <u>1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-16-1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR <u>2</u>	IF UNDER 1 YEAR <u>10</u>	IF UNDER 1 YEAR <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>New London, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Israel Larken Waterhouse</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Stoll</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. Edward F. Randall</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys I. Ross</u> ADDRESS <u>7312 Esplanade Maplewood, Mo.</u>			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>Fractured hip</u>					<u>8 mo</u>	
	DUE TO (c) <u>Hypostatic pneumonia</u>					<u>2 wks</u>	
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						
19a. DATE OF OPERATION <u>none</u>		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>522XF</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>10/31</u> , 19 <u>48</u> , to <u>7/1</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. Sluggan</u> (Degree or title) <u>0</u>			23b. ADDRESS <u>2816 Sutton</u>			23c. DATE SIGNED <u>7/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		
DATE REC'D. BY LOCAL REG. <u>7-5-50</u>		REGISTRAR'S SIGNATURE <u>Leah R. Alton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.</u>			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward Yankner

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St Louis 10, 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.