

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25768

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2941

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KOCH</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>543 BADEN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KOCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>KILLIAN</u>	b. (Middle)	c. (Last) <u>RANDOLT</u>	(Month) (Day) (Year) <u>JULY 22 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>JULY 6, 1873</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>	11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>	12. CITIZEN OF WHAT COUNTRY? <u>?</u>

13a. FATHER'S NAME <u>JOHN RANDOLT</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA HEIM</u>	14. NAME OF HUSBAND OR WIFE <u>THERESA CASPER RANDOLT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert J Koch Corp.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tbc, far advanced</u>		
ANTECEDENT CAUSES			002X
Morbidity 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.			

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)
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 July 20, 1951, to July 22, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 6:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Kuyasu MD</u>	(Degree or title)	23b. ADDRESS <u>Koch Hospital, Koch, Mo.</u>	23c. DATE SIGNED <u>July 22, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clavary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>

DATE REC'D BY LOCAL REG. <u>7-23-51</u>	REGISTRAR'S SIGNATURE <u>Robert C. Tomke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Diedrich F. Home, 8319 Hallsferry</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Student Embalmer No. _____

Signed

John S. Rennie
Licensed Embalmer No. 4194
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.