

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044754  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10579**

VS 300  
Rev. 4/59

1

40293

3

4 1

5 1

6

7 0

8 1

9 X

10

11 acc

12 92.3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

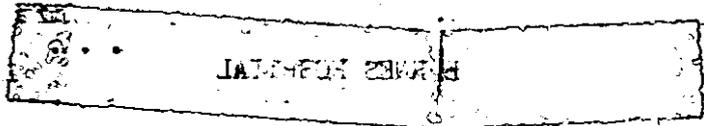
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>FILED NOV 30 1962</b> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> c. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Ladue</b> d. STREET ADDRESS <b>32 Willow Hill Road</b>	
3. NAME OF DECEASED (Type or print) <b>Mary Jane Randolph</b>		4. DATE OF DEATH Month <b>November</b> Day <b>2</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/31/1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Librarian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brentwood High School</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>
13a. FATHER'S NAME <b>Benjamin J. Hilliker</b>		13b. MOTHER'S MAIDEN NAME <b>Adele T. Thul</b>	14. NAME OF HUSBAND OR WIFE <b>Robert A. Randolph</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr Robert A. Randolph 32 Willow Hill Road</b>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subdural Hemorrhage; suffered when car operated by Robert Randolph, in which deceased was a passenger, was struck by car operated by Melvin Thomas, (col.) in front of about 4630 Lindell Blvd., about 8:20 P.M., on Nov. 2nd, 1962. Thomas aided and abetted and with Willie Parker, Nathaniel McDaniel, Johnnie Walls, and Daryla Hines. CRIMINAL CARELESSNESS ON THE PART OF LAST FIVE NAMED.</b>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See Above</b>
20c. TIME OF INJURY Hour <b>8:20</b> Minute <b>XX</b> p.m. <b>11-2-62</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On Street 19</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>8:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul J. Simon</i>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>11/5/62</b>		22d. ADDRESS <b>St. Louis Co. Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>11/6/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri</b>	
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons 6175 Delmar Blvd</b>		25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE <b>NOV 5 1962</b> <i>Boad Smith, M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

91



**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 \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4053

P. O. Address \_\_\_\_\_

11/3/62

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.