

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
 Registration District No. **791**
 Township.....
 Primary Registration District No. **1003**
 City St. Louis, Mo. (No. Mo. Baptist Hospital) St. _____ Ward)

File No. **3414**
 Registered No. **446**

2. FULL NAME

Vernon Randolph
 (a) Residence, No. 2610 N. 10th. St., 26 Ward. 1
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Randolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13th, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
26 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Randolph Cattery
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Die Maker 16
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank Clay Mo.

13. NAME Mrs. Bk. Randolph
 Mo.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Hattie Dame

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Irene Randolph
 (ADDRESS) 2610 N. 10th.

18. BURIAL, CREMATION, OR REMOVAL PLACE Frank Clay Mo. DATE 1-13-37

19. UNDERTAKER Henry Seidner
 (ADDRESS) 1547 N. Market

20. FILED JAN 12 1937 J. K. Bredbeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 11, 1937
 Last saw him alive on Jan 11, 1937 Death is said to have occurred on the day stated above, at 2:30 am

The principal cause of death and related causes of importance were as follows:
nnnn

Tubercular Meningitis
Tubercular Parotiditis
 Date of onset.....
 Other contributory causes of importance:
Pulmonary Tuberculosis
Involving Right Lung

Name of operation..... Date of.....
 What test confirmed diagnosis? Puncture Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....

(Signed) Francis Conway, M. D.
 (Address) 5021 N. Union Pl.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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