SEP 15 1936

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

Do not use this space.

32528

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8360

Township ..... Primary Registration District No. 1003 Registered No. .....

City Saint Louis (No. Peoples Hospital St. ..... Ward)

2. FULL NAME Donald E. Redden

(a) Residence, No. Battle Creek, Michigan St., NR Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 30, 1913

7. AGE: YEARS 22 MONTHS 7 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Battle Creek Michigan

FATHER

13. NAME Lewis B. Redden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eve Florida

MOTHER

15. MAIDEN NAME Anna Pollard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolling Green Kentucky

17. INFORMANT (ADDRESS) Mrs Anna L. Redden Battle Creek, Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Battle Creek, Mich Aug. 12, 1936

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED AUG 14 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 9th, 1936 to August, 11, 1936

I last saw him alive on August 12, 1936 Death is said to have occurred on the date stated above, at 8:15 P.M.

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

	Date of onset
Tracheotomy	
Edema of Larynx	
Peritonsillar Abscess	

Other contributory causes of importance:

Ligation of external carotoid on left side.

Name of operation ..... Date of 8/11/36

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XXXXX 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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 822A. Jefferson Avenue

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.