

FEB 16 1938

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

4061
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis ⁹⁶ Registration District No. 1170
 (b) Township Jefferson ⁷ Primary Registration District No. 6248-H
 (c) City St. Bernard Heights (d) Street No. St. Marys Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward B. Reddy ³⁰⁰

(a) Residence, No. 1039 Yale Ave. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 70

Acute Cholelithiasis Date of onset

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

Peritonitis, localized, acute
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkins, Minn.

13. NAME Dont know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

15. MAIDEN NAME dont know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT (ADDRESS) Miss Mary E. Reddy, 1039 Yale Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE December 21, 1937

19. FUNERAL DIRECTOR (ADDRESS) Geo. L. Pleitach, Inc., 5966 Easton Ave

20. FILED Dec 21, 1937 Saw V. Bassett Local Registrar.

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) John D. Connell, M.D.
 (Address) Carver, St. Louis Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

716
112

262

31
31

126

STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

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.)