

JAN 12 1940

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 10309

1. PLACE OF DEATH: 1003
 (a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution: City Hospital # 1
 (d) Length of stay: In hospital or institution _____
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (d) Street No. 1201 Marf St.
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lena Redman 355
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 30
 year 1939 hour 6 minute 55 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 17, 1884
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____ Duration _____

8. AGE: Years 55 Months 8 Days 13 If less than one day _____ hr. _____ min.

Due to Cerebral Apoplexy
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations gza
 Of autopsy _____

9. Birthplace unknown Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Sack Mender
 11. Industry or business Feed Sacks
 12. Name unknown
 13. Birthplace "
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace "
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Lenny Chis
 (b) Address 746 S. 3rd St.
 17. (a) Burial (b) Date thereof Dec 4, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mathews Cemetery
 18. (a) Signature of funeral director Weick Bros Und. Co
 (b) Address 2201 S. Grand Bl.
 19. (a) DEC 2 1939 (b) J. B. Baedek
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) _____ (Means of injury) _____
 23. Signature Alfred Perry (M. D. or other) _____
 Address St. Louis Date signed 12-7-39

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No..... 3722

P. O. Address..... 412 Duchouquette St

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, above space should be left blank.