

FILED FEB 17 1940

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12-19-39 to 1-2-40
(Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME VIVIAN E. Redmond 355

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife W.P. Redmond 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 15 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>18</u>	hr. _____ min.

9. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature V. Antroy

(b) Address 3131 Clay Ave

17. (a) Burial (b) Date thereof 1/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kathalla Cemetery

18. (a) Signature of funeral director Wagner - Von - Fr.

(b) Address 3402 No. Illinois highway

19. (a) JAN 4 1940 (b) [Signature]
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
 (d) Street No. 3131 Clay Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2nd
 year 1940 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from 12-19, 1939, to 1-2, 1940
 that I last saw her alive on Jan 2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis
Diabetes mellitus
Bronchopneumonia - Terminal
 Duration 3 days
7
1 day

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury

23. Signature M. Norman Orzel (M. D. or other) h. P.

Address 4500 Olive St. Date signed 13-39

WRITE LEGIBLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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 _____d by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Guy W. Wilkinson

Licensed Embalmer No. _____

3575

P. O. Address _____

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.