

Registration District No. _____

791

Primary Registration District No. _____

Registrar's No. _____

622

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town Redie, Anna
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis Childrens Hosp. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days (Specify whether
 years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3009 Clark
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME

Redie, Aurelia

3. (b) If veteran, name war _____

child

3. (c) Social Security No. _____

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife child

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 - 19 - 26

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

13

2

-

hr.

min.

9. Birthplace St. Louis, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER

12. Name Clark Redie

13. Birthplace Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name Nancy Putnam

15. Birthplace Miss.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature S. Vedder

(b) Address 416 S. Kings highway

17. (a) _____ (b) Date thereof 22 80
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father's place

18. (a) Signature of funeral director W. J. Walton

(b) Address St. Louis

19. (a) JAN 22 1940 (b) _____
 (Date received local registrar) (City, town, or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19
 year 1940 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-12
 _____, 1940, to 1-19, 1940;
 that I last saw her alive on 1-18, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease with cardiac failure

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? _____

23. Signature Henry G. Schulz (M. D. or other) _____
 Address 500 So. Pine Street Date signed _____

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address *2523 Franklin 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.