

Registration District No. 7917132

Primary Registration District No. 1003

Registrar's No. 5192

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3516 Page Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Arthur Redman 355

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased Dec. 1 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 11 _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER { 12. Name U James Redman

18. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Bell Reenes

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mountie Redman

(b) Address Belleville, Ill.

17. (a) Burial (b) Date thereof 6-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon, Ill.

18. (a) Signature of funeral director Fred M. Williams

(b) Address 4535 Washington Ave.

19. (a) JUN 14 1940 (b) J. F. Bredeik
(Date recorded locally, if any) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12,
year 1940 hour 5:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 11, 1940 to June 12, 1940

that I last saw him alive on June 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage from st. cancer

Due to Carcinoma of neck

Due to _____

Other conditions: General debility
(Include pregnancy within 3 months of death)

Major findings: Of operations: 53

Of autopsy _____

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 J. F. Bredeik (M. D. or other) _____

Address 1515 Lafayette Date signed 6/13/40

Duration

PHYSICIAN

Underlines the cause to which death should be charged statistically.

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

J. G. Sullivan

Licensed Embalmer No.....

1122

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.