

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(c) Name of hospital or institution: **City Infirmery**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **April 22, 1937**  
**Life.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Vincent Reddick 320**  
8. (b) If veteran, name war **Unknown** 8. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **unk** years  
7. Birth date of deceased **X 1854**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **X** Days **X** If less than one day hr. min.

9. Birthplace **St. Louis, Mo. American**  
(City, town, or county) (State or foreign country)

10. Usual occupation **No occupation**

11. Industry or business **X**  
12. Name **Unknown**  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **O. Moloney**  
(b) Address **5800 Arsenal St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 2, 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. Peter & Paul**  
18. (a) Signature of funeral director **By Leonard Mum Co**  
(b) Address **227 St. Louis Ave**

19. (a) **AUG 2 1940** (Date received local registrar) **J. P. Brueck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis.**  
(c) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5800 Arsenal St.** **12**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **American.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1,** year **1940** hour **3:15** minute **a.** M.  
21. I hereby certify that I attended the deceased from **April 22,** 19 **37,** to **August 1,** 19 **40** that I last saw him alive on **August 1,** 19 **40** and that death occurred on the date and hour stated above.

Immediate cause of death **Dysentery**  
**Heart Disease**  
Due to \_\_\_\_\_  
Due to **arteriosclerosis**  
Other conditions (Include pregnancy within 3 months of death) **None**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **None**

Duration  
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? **Y**  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature **Geo. J. Bagley** (M. D. or other) **12**  
Address **City Infirmery** Date signed \_\_\_\_\_

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

John A. Melina, Registered Apprentice No. 207  
working under my personal supervision.

Signed

John P. Bushkoff

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**