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13-40  
7-39  
DC23159

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **8620**

FILED NOV 16 1940

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town Saint Louis, Missouri

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
3659 South Broadway

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Lillian Nettie Reddick

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Reddick

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 25th, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 1 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown 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 Joseph Reddick

(b) Address 3659 South Broadway

17. (a) Burial (b) Date thereof Oct. 18, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Elizabeth Bros

(b) Address 2623 Cherokee Street

19. (a) OCT 19 1940 (b) Joe Reddick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Saint Louis 24  
(If outside city or town limits, write "RURAL")

(d) Street No. 3659 South Broadway  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th,  
year 1940, hour 2 minute 0 A. M.

21. I hereby certify that I attended the deceased from 3/7/40  
19  , to 10/16/40, 19  ;  
that I last saw her alive on 10/16/40, 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature James J. Smith (M. D. or other) \_\_\_\_\_  
Address 3624 S Broadway Date signed 10/17/40

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**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

*Juddie A. Zigante*

Licensed Embalmer No. 2270.

P. O. Address 2623 Cherokee Street.

**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, fact should be so stated above.**