

Rev. 5-17-30  
I X19511

WRITE PLAINLY—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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB 25 1941 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 980  
Registrar's No. 980

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2921 Clayton St 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MARY REDIC  
8. (b) If veteran, name war L  
8. (c) Social Security No. L

4. Sex Female  
5. Color or race col  
6. (a) Single, widowed, married, divorced MARRIED  
6. (c) Age of husband or wife if alive, 64 years  
7. Birth date of deceased May 03 1886  
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington Co, MISS.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business domestic  
12. Name William Mc. Moore  
13. Birthplace unknown & unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Elysa Franklin  
15. Birthplace MISS.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Isaac Redic  
(b) Address 2921 Clayton St

17. (a) \_\_\_\_\_ (b) Date thereof 1 29 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Co  
18. (a) Signature of funeral director A. F. Walton  
(b) Address 2707 Standard

19. (a) 1941 30 1941 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St Louis 2117  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2921 Clayton St 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 24  
year 1941 hour 5 minute 58 P. M.  
21. I hereby certify that I attended the deceased from Jan 23rd  
1941, to Jan 24 1941  
that I last saw him alive on Jan 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Due to Hypertension  
Due to GAO

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

Major findings: Of operations none  
Of autopsy none  
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 0  
23. Signature J. T. Bredek (M. D. or other) \_\_\_\_\_  
Address 2707 Standard Date signed 1/27/41

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

Signed William C. McPowell  
Licensed Embalmer No. 2114  
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.**