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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35816

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9473

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

1. PLACE OF DEATH:
(a) County
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL O (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 3 (If outside city or town limits, write "RURAL")
(d) Street No. 6546 WINONA (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES L. REDMOND.
3. (b) If veteran, name war SPANISH WAR. 3. (c) Social Security No.
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FLORENCE REDMOND 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JANUARY (Month) 29 (Day) 1874 (Year)

8. AGE: Years 68 Months 9 Days 14 If less than one day hr. min.
9. Birthplace SHREVEPORT (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name UNK. REDMOND
13. Birthplace UNK. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNK.
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Wm Redmond.
(b) Address 6546 Winona
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV (Month) 16 (Day) 1942 (Year)
(c) Place: burial or cremation WALMUTH HILL CEM. BELVILLE
18. (a) Signature of funeral director E J Schnur
(b) Address 3125 Lafayette av.
19. (a) NOV 13 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1942 hour 5 minute 20 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.
Immediate cause of death: Pulmonary Embolism Compound Fracture of both legs. When he was struck by a automobile, Driver unknown which did not stop about 80 feet south of the Intersection of Watson and Winona ave about 11 PM
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Nov 9 - 1942
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) Criminal Carelessness
(b) Date of occurrence 11-9-42
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 11/13/42

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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, fact should be so stated above.