

No. 5-42
17-39
X32873

FILED FEB 4 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 974

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:
Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3860 A. McRee Ave
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ada Readman

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 Married

6. (b) Name of husband or wife Harry T. Readman

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

7. Birth date of deceased July 8 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	6	20	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joseph Ganser

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Heine

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

16. (a) Informant Harry T. Readman

(b) Address 3860 A. McRee Ave

17. (a) Cremation (b) Date thereof Feb 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Petz Brothers
3029 Lafayette Ave

(b) Address.....

19. (a) JAN 30 1943 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28
year 1943 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-27-43 19... to 1-28 1943
that I last saw her alive on 1-28-43 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days
Hypertensive Vascular Disease ?

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Duration 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy See above

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 E. Lee Shradex (M. D. or other)
Address 3720 Washington Date signed 1-29-43

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

MOTHER FATHER

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.....
Frank J. Owen

Licensed Embalmer No..... *2245*

P. O. Address.....
So. Rowles

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 974

1. PLACE OF DEATH:

(a) County. St Louis ms.
(b) City or town. St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deering Hospital
(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 (Ada Readman)

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
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 _____ (b) Address _____

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof (Month) (Day) (Year) _____
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 1-30-46 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ms (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3860 McRee Dr.
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 1 day 28
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

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) _____
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

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