

S. No. 2
M-9-4-41
5-17-39
P-1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23390**
Registrar's No. **6262**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6/28/43 to 7/9/43
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County.....
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 S. Broadway.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Lou Redman

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

4. Sex Female / race White / 5. Color or White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Redman
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased August 15th 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 10 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Walter Joyce
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Helen Door
15. Birthplace Anstey, Ia. Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Joyce
(b) Address 900 N. 50th St. Chicago, Ill.

17. (a) Cremation (b) Date thereof 7/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) J. F. Braddock (b) J. F. Braddock
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from June 28th
1943 to July 9th 1943
that I last saw her alive on July 9th 19 43
and that death occurred on the date and hour stated above

Immediate cause of death Toxic Emphysema Duration

Due to ?? nephroses (pending microscopic examination)

Due to Syphilitic

Other conditions (Include pregnancy within 3 months of death) 30

Major findings: Of operations.....

Of autopsy Pending microscopic examination

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) IP 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 Jane A. Egan (M. D. or other)

Address Walton Hospital Date signed July 9/43

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

Albert G. Keffe

Licensed Embalmer No.

2971

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, fact should be so stated above.