

S. No. 2
M-5-43
5-17-39
I X36671

FILED SEP 14 1945

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 2760

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hosp. 0
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution Two Days (Specify whether years, months or days)
In this community Charles

3. (a) PRINT FULL NAME Charles A. Redden

3. (b) If veteran, name 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 Blanch Redden 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 30 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation R. R. Tofficial

11. Industry or business _____

12. Name W. S. Redden Dickson Tenn.

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

14. Maiden name Mary Level

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

16. (a) Informant Mrs. Georgia Plain

(b) Address 1519 N. Union Blvd.

17. (a) Burial (b) Date thereof Sept. 5 1945
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4458 Washington Blvd.

19. (a) SEP 4 1945 (Date received local registrar) J. F. Bruce (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 09105
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5437 Cabannas Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2
year 1945 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from July 1945 to _____ 19____;
that I last saw h. em alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 Days

Due to _____
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 61

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 Hugh Haynes (M. D. or other) md
Address 3720 Washington Date signed 9/7/45

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

John Ketter

Licensed Embalmer No. 3880

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.