

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7847
Registrar's No. 1309

FILED FEB 20 1946
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 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:
2226a South Eleventh Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2226a South Eleventh Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME VANCE OKEL REDDEN

3. (b) If veteran, name war No 3. (c) Social Security No. 490-01-8601

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May 4 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>9</u>	<u>3</u>	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1946 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 18th 1946 to Feb. 7th 1946 and that I last saw him alive on Feb. 7 and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

10. Usual occupation Cleaner & Presser

11. Industry or business Self

12. Name Madison Redden

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

14. Maiden name Elizabeth Cox

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

16. (a) Informant Ruth Reddon wife (b) Address 2226a So. 11th Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-8-46
(Month) (Day) (Year)

(c) Place: burial or cremation Lake City, Tennessee

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Av. St. Louis, Mo.

19. (a) FEB 7 1946 (Date received local registrar) (b) J. F. Bredock (Registrar's signature)

Due to Coronary thrombosis 1 day

Due to Coronary Arterio Sclerosis ?

Other conditions Hyperthymia of Heart 2
(Include pregnancy within 3 months of death)

Major findings: Of operations 93

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) _____

(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) _____ (Specify type of means of injury)

23. Signature William Garon (M. D. or other) W. D.
Address 3601 S. Jefferson Date signed 2-7-46

(Licensed Embalmer's Statement on Reverse Side)

6797

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.....

Licensed Embalmer No. *3830*

P. O. Address *2317 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.