

FILED JUN 9 1946
Registration District No. 6076

Primary Registration District No. 6076

Registrar's No. 1402

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 5-14-46
(Specify whether years, months or days)

In this community 30 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME REDFIELD, Thomas H.

3. (b) If veteran, name war World I

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Estella Redfield

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 15 1892
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>53</u> | <u>10</u> | <u>13</u> |hr.min. |

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

10. Usual occupation Stationary Fireman

11. Industry or business

MOTHER FATHER { 12. Name Harold Redfield

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

14. Maiden name Cora Morlon
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 7 2 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l. Cem. Jeff. Bks

18. (a) Signature of funeral director Kriehauser Mortuaries

(b) Address St. Louis, Mo.

19. (a) 7-3-46 (b) E. J. Mc Davison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri St. Louis

(a) State (b) County

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

(d) Street No. 2902a South Compton Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1946 hour 8:17 minute P M.

21. I hereby certify that I attended the deceased from 5-14-46, 1946, to 6-28-46, 1946
that I last saw h. im alive on June 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRO-SPINAL SYPHILIS, MENINGO-VASCULAR TYPE Duration UNK

Due to 302

Due to

Other conditions LUETIC HEART DISEASE WITH MYOCARDIAL DAMAGE & INSUFFICIENCY PHYSICIAN UNK

Major findings: Of operations Spinal Puncture 6-5-46

Of autopsy No Autopsy

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) No

(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? L. E. Spilwell (City or town) (County) (State) (Date of injury)

Signature L. E. SPILWELL, M.D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 6-28-46

AUG 5 1946

JUL 10 1946

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 *Edwin M. Dermott*.....

Licensed Embalmer No. *3024*.....

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.