

FILED SEP 14 1948
318

1003

State File No. _____

Registrar's No. 2557

Registration District No. _____ Primary Registration District No. _____

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: Deaconess 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 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 2136 Maury (If rural, give location) 10
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Doris Redfearn

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anthony A Redfearn 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Jan. 16 1918 (Month) (Day) (Year)

8. AGE: Years 28 Months 7 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business At home

12. Name Ray L Misenhimer

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

14. Maiden name Unknown

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

16. (a) Informant Anthony A Redfearn

(b) Address 2136 Maury

17. (a) Burial (b) Date thereof Sept. 2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 S. Kingshighway

19. (a) SEP 2 1948 (b) J. J. Oberk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-30 day 46 year _____ hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from 9-25 1948 to 9-30 1948 that I last saw him alive on 9-30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Renal Abscess Duration _____

Due to Acute Obstruction of Intestines

Due to _____

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

Major findings: Of operations Renal Abscess PHYSICIAN _____

Of 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) _____

(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 P. B. Cappel (M.D. or other) MD

Address 3284 Date signed 9-1-48

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

2825

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. Bennett
.....
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.