S. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40094

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11245

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: Homer G. Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days)
In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1818 Pendleton (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Redditt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife M. L. Redditt

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September (Month) 28 (Day) 1878 (Year)

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

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mildred Stanton
(b) Address 1818 Pendleton Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Steele, Missouri

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

19. (a) DEC 8 - 1947 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 1947 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from 11-7- 1947 to 12-6- 1947 that I last saw him alive on 12-6- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Uremia

Due to Pyelonephritis and Pyonephrosis

Due to Carcinoma of Prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy Bilat. Pyelonephritis & Pyonephrosis; Ca. of Prostate

Duration: History 6 Mos.

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Manner of injury

23. Signature W. H. Senkler (M. D. or ~~XXXXX~~)

Address 2601 N. Whittier Date signed 12-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

11215

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.....Elmo R. Cadwell.....

Licensed Embalmer No....4077.....

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.