

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18501

State File No.

2009

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4226**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		d. STREET ADDRESS (If rural, give location) 5800 Arsenal St. City Infirmary	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) George	b. (Middle) W	c. (Last) Redden	5 18		6 51

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/26/1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9	IF UNDER 2 HRS. Days 22	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer	10b. KIND OF BUSINESS OR INDUSTRY Photography	11. BIRTHPLACE (State or foreign country) Mokane, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Geo. W. Redden	13b. MOTHER'S MAIDEN NAME Mary Jane Level	14. NAME OF HUSBAND OR WIFE Orla Jane Redden Dec'd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs Arthur Poss	ADDRESS 919 Greely, W.G., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 + years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 3314X
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22. I hereby certify that I attended the deceased from **7/18/51** ^{10:50} to **5/18**, 19**51**, that I last saw the deceased alive on **5/18**, 19**51**, and that death occurred at **8:25 PM**, from the causes and on the date stated above.

23a. SIGNATURE George M. Jankala, M.D.	(Degree or title)	23b. ADDRESS 5600 Arsenal	23c. DATE SIGNED 5/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/21/51	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St Louis, Mo.
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DATE REC'D BY LOCAL REG. MAY 21 1951	REGISTRAR'S SIGNATURE J. B. Leaton	25. FUNERAL DIRECTOR'S SIGNATURE ROBERT J. AMBRUSTER, INC.	ADDRESS ST. L.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

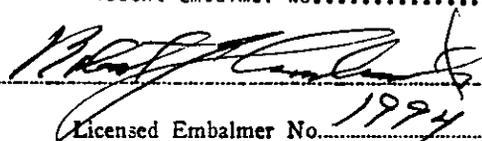
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....


Licensed Embalmer No. 1994

Signed.....
Student Embalmer

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.