

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39608

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2598

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights

c. LENGTH OF STAY (in this place) 3 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION 7483 Hiawatha

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Richmond Heights 4483

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 7483 Hiawatha

3. NAME OF DECEASED

a. (First) Minnie b. (Middle) Mary c. (Last) Redding

4. DATE OF DEATH Nov. 8th 1954 (Month) (Day) (Year)

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 17, 1859 9. AGE (in years last birthday) 95 IF UNDER 1 YEAR: Months 1 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Elmira New York 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Martin Keavin 13b. MOTHER'S MAIDEN NAME Mary Conway 14. NAME OF HUSBAND OR WIFE (late) James F. Redding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME James Redding ADDRESS Above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis

ANTECEDENT CAUSES DUE TO (b) Chronic arthritis

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 17 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4500 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1937, to Nov. 8, 1954, that I last saw the deceased alive on Nov. 8, 1954, and that death occurred at 11:00 P m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Murphy (Degree or title) M.D. 23b. ADDRESS 4143 N. Newland 23c. DATE SIGNED 11-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11-10-54 24c. NAME OF CEMETERY OR CREMATORY St. Thomas Cem. 24d. LOCATION (City, town, or county) (State) Newton, Ill

DATE REC'D BY LOCAL REG. 11/9/54 REGISTRAR'S SIGNATURE Richard K. Ambler 25. FUNERAL DIRECTOR'S SIGNATURE W. B. SMITH ADDRESS Maplewood, Mo.

(Licensed Embalmer or Signer on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....40

P. O. Address.....Maple

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.