

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7950-61-031055  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. \_\_\_\_\_

**FILED AUG 31 1961**

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | c. CITY OR TOWN <b>St. Louis</b>  |  |
| Length of stay in 1b   |   | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>4150 Fairfax</b>  |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Bosie Redfield</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>8 24 61</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-3-1884</b>  |
| 9. AGE (last birthday)<br><b>77</b>  |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mississippi</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Cordelia Redfield</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 17. INFORMANT Address<br><b>Cordelia Redfield 4150 Fairfax Ave.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   | <b>4200</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Amputation<br/>Diabetes Mellitus, Mild; Bilateral Above-knee/</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <b>8-9-61</b> , to <b>8-24-61</b> and last saw <sup>me</sup> him alive on <b>8-24-61</b><br>Death occurred at <b>8:20</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>Sydney G. Innes</i> , M. D.   |   | 22b. ADDRESS<br><b>2601 N. Whittier Street</b>  | 22c. DATE SIGNED<br><b>8-24-61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>8-29-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>G. Wade Granberry 4202 Finney Ave.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 26 1961</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Paul Smith, M.D.</i>   |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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.