

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14912

1. PLACE OF DEATH

County St. Louis Registration District No. 79T
 Township St. Louis Primary Registration District No. 1003 File No. 3817
 City St. Louis (No. 224) St. Louis Registered No. 3817 St. St. Louis Ward)

2. FULL NAME

(a) Residence. No. Albert Redsmay Sr. St. St. Louis Ward. St. Louis
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 30, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 11 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Carpenter
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER John Redsmay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) J. W. Kerney
Coroner's Office

15. FILED MR - 6 1922 May 1 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 4 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 9:30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. W. Kerney 4/5, 1928 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL St. Anthony Cem 4/7 1928

20. UNDERTAKER ADDRESS Oppenheimer & Co 78 1/2 S. Berry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

