

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

Do not use this space.

8190

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 1103, Waldman St.)
 File No. Registered No. 1837
 St. Ward)

2. FULL NAME

(a) Residence No. Jess Redman St. 12 Ward.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9th 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 7 27

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work News agent
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

PARENTS

10. NAME OF FATHER Stephan Redman

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

12. MAIDEN NAME OF MOTHER Emma Henry

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

14. INFORMANT Mrs Lena Redman
 (Address) 1103 Waldman St.

15. ESS-8 1929 Wm C Starkoff
 FILED 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 25 1929, to Feb 6 1929 that I last saw him alive on 2-16 1929, and that death occurred, on the date stated above, at 1008

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

1010 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH. No

DID AN OPERATION PRECEDE DEATH. DATE OF No

WHAT TEST CONFIRMED DIAGNOSIS Physical

(Signed) W B D New, M. D. (Address) 1446 Grand

*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 Valhalla DATE OF BURIAL 2-8 1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 20397 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1486 S. Grand

Grand 7362

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