WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13296

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5862

City St Louis (No. 1901 Park Av (rear) St. ..... Ward)

2. FULL NAME Nancy Redmon

(a) Residence. No. 1901 Park (rear) St., 23 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/16/1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	7	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

262

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

2

PARENTS

10. NAME OF FATHER Unknown

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

31

12. MAIDEN NAME OF MOTHER

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

31

14. INFORMANT Anna Brown
(Address) 1901 Park Av (rear)

15. FILED APR 30 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28 1929

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1929, to March 28, 1929 that I last saw her alive on March 27, 1929 and that death occurred, on the date stated above, at 2-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Emboli

131

22B

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Interstitial nephritis

Chronic (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W L Moore, M. D

3-29, 1929 (Address) 1336 Franklin

*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 Jo Matthews

DATE OF BURIAL 3/30 1929

20. UNDERTAKER Meek and Dickman

ADDRESS 3039 Easton

F.
Banning Reclamation
1921 Park