

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

Do not use this space.

23478

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **7018**

City **St. Louis**

(No. **In Street 5854** **Romaine Pl.** St. **6** Ward)

File No.

Registered No. **6989**

**2. FULL NAME**

(a) Residence. No. **5958 Romaine Pl. St. 6** 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) Single

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Aug 21 - 1927  
**7. AGE**  
YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3 10 2

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work Infant. 2:10 PM  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE** (CITY OR TOWN) Hibbing Minn.  
(STATE OR COUNTRY)

**10. NAME OF FATHER** George Redmond  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Alton Ills.  
(STATE OR COUNTRY)  
**12. MAIDEN NAME OF MOTHER** Ethel Streeter  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Richmond Va.  
(STATE OR COUNTRY)

**14. INFORMANT** George Redmond  
(Address) 5958 Romaine Pl.

**15. FILED** 1931  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) June 23 1931  
**17. No Physician in Attendance.**  
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 **3:30 P** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Shock & Injuries (Fractured skull) struck by auto in St. Louis, Mo. Deceased was a pedestrian.  
(duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** Criminal Recklessness.  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT A PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *[Signature]* M.D.  
6/24, 1931 (Address) Deputy 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** Alton Ills.  
DATE OF BURIAL June 25 1931

**20. UNDERTAKER** Peitz Bros 3029 Lafayette

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.

12/28/50

12/28/50

12/28/50