

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

W. T. Breedlove

Do not use this space.

39069

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
1008  
Primary Registration District No. (No. 3116 Bell Ave.)

File No. ....  
Registered No. 11237  
St. .... Ward)

2. FULL NAME

Burgis Redd  
(a) Residence, No. 31160 Bell Ave., St., 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 2 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

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

FATHER 13. NAME Wabney Redd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Annie P. Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Samuel Redd  
3116 Bell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis Ill. DATE 11/9 - 1931

19. UNDERTAKER (ADDRESS) R. M. C. Green  
3517 Ladelle Ave

20. FILED - 8 1931 W. T. Breedlove  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/5 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/31, 1931, to 11/5, 1931.  
I last saw him alive on 11/4, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
(simplex)  
108  
108  
Other contributory causes of importance:

Date of onset

Name of operation  
What test confirmed diagnosis Physical Ex. Based Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) W. T. Breedlove, M. D.  
(Address) 620 389 Mumfry

