

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

Do not use this space.

12180

13180

1. PLACE OF DEATH

36 County Franklin
Township Washington
City Near Washington (No. 2-11-1-1)

Registration District No. 297

Primary Registration District No. 2010

File No. _____

Registered No. 29

St. _____ Ward _____

2. FULL NAME

F. H. Redwine

(a) Residence, No. 6601 Enright, St. Louis, Mo. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-26-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 | 5 | 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cashier 131

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) Marshall Ark 2

13. NAME Dr. A. J. Redwine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Cr. Ark

15. MAIDEN NAME Mary A. Lutterfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leslie, Ark.

17. INFORMANT (ADDRESS) Mrs. Mary Redwine 6601 Enright St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo DATE 4-17-32

19. UNDERTAKER (ADDRESS) Otto Mo Washington Mo

20. FILED Apr 15 1932 A. B. Murch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on April 14 1932 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Suicide Firearm
By his own hands with a
32 Cal. Pistol

Date of onset _____

Other contributory causes of importance: 167 (5)

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury _____, 19____

Where did injury occur? On highway between Washington & New Haven, no auto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury suicide

Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Thos. P. Shaffer Coroner

(Address) Jackson Mo

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.

COPY 4 1932

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

