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.

SEP 26 1933

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

Do not use this space.

27603

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248B — Registered No. 253

City Jefferson Barracks, Mo. (No. Veterans Administration Facility St. Ward)

2. FULL NAME Thomas W. Reddington

(a) Residence, No. 1510 Tower Grove Avenue St., Ward. St. Louis, Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 6, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	45	10	25	

OCCUPATION

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

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

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) St. Louis Missouri

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8-4 1933

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4104 Manchester, St. Louis, Mo.

20. FILED Aug 1 1933 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1933, to August 1, 1933

I last saw him alive on August 1, 1933. Death is said to have occurred on the date stated above, at 7:25 a.m.

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

General Paralysis of the Insane — Date of onset

83

Other contributory causes of importance:

Name of operation Clinical & laboratory Date of

What test confirmed diagnosis? findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

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. C. GIBSON, M.D., Manager, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.