

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.

JUN 5 1936

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

Do not use this space.

20980

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City B. 1641 (No. 2816)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **5181**
St. Ward)

2. FULL NAME William J. Reddington

(a) Residence, No. 2816 St. St. Louis
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. 10 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1873
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 8 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) St. Louis Mo

MOTHER FATHER
13. NAME John Reddington

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

15. MAIDEN NAME Mary Ness

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

17. INFORMANT John J. Reddington (ADDRESS) 2 City Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Cr. DATE 5-16-36

19. UNDERTAKER Wiegman's Mortuaries (ADDRESS) 4109 Manchester

20. FILED MAY 14 1936 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14/36, 19
22. I HEREBY CERTIFY, That I attended deceased from 5/11 1936 to 5/14 1936
I last saw deceased alive on 5/14, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism Date of onset
Arterio-Sclerotic Heart Disease
Other contributory causes of importance: None

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.....
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? No
If so, specify.....
(Signed) Howard H. Fung M. D.
(Address) City

