

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis (No. DePaul Hospital)

FEB 8 1937 791
Registration District.....
1003
Primary Registration District No.....

File No. 3136
Registered No. 157
St. Ward)

2. FULL NAME

Robert Redfern
(a) Residence, No. 3107 Union Blvd. St. 6 Ward. 1
(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) Dec. 31st, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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.

13. NAME Orval A. Redfern

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

15. MAIDEN NAME Rose Trefern

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

17. INFORMANT Mr. Orval A. Redfern
(ADDRESS) 3107 Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marcus Cem. DATE Jan. 5th, 1937

19. UNDERTAKER Drehmann Warral
(ADDRESS) 1905 Union Blvd.

20. FILED JAN 5 1937 19.....
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1936 to Jan 4, 1937
I last saw him alive on Jan 4, 1937. Death is said to have occurred on the date stated above, at 10:20 P.m.
The principal cause of death and related causes of importance were as follows:

Septicus Hepatitis
(Gonorrheal Discharge of both ducts)
Date of onset Jan 2

Other contributory causes of importance: 157

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) J. M. Brown, M. D.
(Address) 2867 Union

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.

WRITE PLAIN

X704

Has brown

Huron x St L

6-8