

APR 9 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH
~~SUPPLEMENT~~ 791

10700

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No. **1003**

City St. Louis, Mo.

(No. City Infirmary)

File No.

Registered No. **3274**

St. Ward

2. FULL NAME

Tom Redman (alias Redmond).

(a) Residence, No. City Infirmary, St. 13 Ward

(Usual place of abode) 5800 Arsenal St.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22, 1858

7. AGE YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1858 ~~79~~ 78

2

23

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.

X

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

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

Ireland.

13. NAME

John Redman

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

Ireland

15. MAIDEN NAME

Margaret Quinn,

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

Ireland.

17. INFORMANT

E. Holony

(ADDRESS)

5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washington

DATE

3-19 1937

19. UNDERTAKER

(ADDRESS)

W. Richter

2522 Butler St

20. FILED

19

MAR 25 1937

J. Bredeck
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934 to March 15, 1937

I last saw him alive on March 15, 1937. Death is said

to have occurred on the date stated above, at 4:30 P.M.

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

CHRONIC MYOCARDITIS

CONGESTIVE HEART FAILURE

Other contributory causes of importance:

ARTERIOSCLEROSIS, GENERALIZED

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 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. H. ... M. D.

(Address)

5603 Arsenal

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.

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