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.

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1170 — File No. 17658
7 Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 97
7 City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME Raymond M. Redden

(a) Residence, No. 6164 Westminster Pl. St., 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	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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
172	46	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Steel Corp.
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) Cincinnati Ohio

FATHER
13. NAME Dennis Redden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

MOTHER
15. MAIDEN NAME Ellen Davin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT Mrs. Ellen Redden
(ADDRESS) 6164 Westminster Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 14, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED April 12, 1937 Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1937, to April 10, 1937
I last saw him alive on April 10, 1937. Death is said to have occurred on the date stated above, at 10:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, coronary Thrombosis	

93 21

Other contributory causes of importance:
myocarditis, arteriosclerosis

Name of operation none Date of 4/12
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? no 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? no
If so, specify
(Signed) [signature], M. D.
(Address) 4660 Maryland Ave

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