

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

OCT 14 1937

32736

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis (d) Street No. City Hospital #1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Reddick

(a) Residence, No. 4322 Murdock Ave. St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Correct Date Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 71 years.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as 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) Unknown (STATE OR COUNTRY) Tenn.

13. NAME Redden Reddick

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

15. MAIDEN NAME ? Glidewell

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

17. INFORMANT Narvell Reddick (ADDRESS) New Madrid, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE Sept. 21, 1937

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester Ave., Maplewood, Mo.

20. FILED SEP 20 1937 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 1:00 P. M.

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

Fracture of neck of left femur suffered when he slipped and fell while climbing into Chevrolet truck in front of 1329 So. 7th St. on August 10, 1937 at about 5:20 P. M.

Other contributory causes of importance: Bronchitis pneumonia

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 Aug 10, 1937

Where did injury occur? Public place (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall Nature of injury Fractured hip (right)

24. Was disease of injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph M. Lunn, M.D. (Address) 1024 S. 1st St. St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)