

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.

NOV 15 1937

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

35632

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. **406 S. 7th St.** **Philler Phillips Hosp.** St.
(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 **15** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9209**

2. PRINT FULL NAME **Eugene Redmoan**

(a) Residence, No. **406 S. 7th St.** St. **25**
(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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 1, 1911**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 **6** **25**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
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) (STATE OR COUNTRY) **Miss**

13. NAME **John Redmoan**

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

15. MAIDEN NAME **Claudie Walker**

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

17. INFORMANT **Claudie Wadsworth**
(ADDRESS) **406 S. 7th St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **E. St. Louis, Ill** DATE **10/3** 1937

19. FUNERAL DIRECTOR **R. M. C. Green**
(ADDRESS) **3517 Laclede Ave.**

OGT LED **1 1937** 19 **J. Biedeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 26** 1937

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **12:50 A.M.**
The principal cause of death and related causes of importance were as follows:

Traumatic hemorrhage into neck from gunshot wound inflicted at the hands of one Jerry Sanders, et al. at third and Poplar streets West

Other contributory causes of importance:
11:00 P.M., Sept. 25th 1937

Homicide with evidence of self protection
Name of operator..... 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? **Homicide** Date of injury **9/26** 1937
Where did injury occur? **St. Louis, Mo**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public place**
Gun shot (revolver)
Nature of injury **Hemorrhage**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....

(Signed) **Joseph M. Quinn**
(Address) **Deputy Coroner**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me, at 3517 Laclede Ave.,

Sept. 27, 1937, L. E.

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

working under my personal supervision.

Signed



Licensed Embalmer No. 1173

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.)