

No. 2-1-10-39-17-39 X21692

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19605

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 983

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
919 Greely Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Orla G. Redden, 350

3. (b) If veteran, name war _____

8. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George W. Redden

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept. 20, 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace California, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name A. P. M. Gross,

18. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

14. Maiden name V. Gay,

15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur A. Poss,

(b) Address 919 Greely Ave., Webster Groves.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 5/23/40
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director _____

(b) Address Clayton Rd. at Concordia Lane

19. (a) MAY 22 1940
(Date received local registrar)

(b) _____
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 919 Greely Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1940 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from 3/11/40, 19____, to 5/20/40, 19____;
that I last saw her alive on 5/20/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
generalized metastatic carcinoma of stomach

Due to Primary carcinoma of stomach

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration ?
?
?

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thomas C. Bond (M. D. 1905)
Address 1660 Maryland Ave. Date signed 5/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

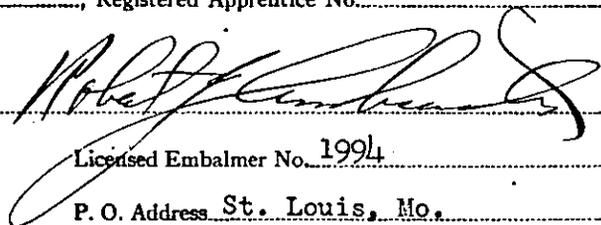
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994

P. O. Address St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.