

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

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.

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1799

1. PLACE OF DEATH:

(a) County Saint Louis *FILED OCT 25 1940*
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Betty Redden

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charlie Redden 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 25th, 1869
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>70</u>	<u>8</u>	<u>25</u>	hr. _____ min.

9. Birthplace Horn Lake Mississippi
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name James McLemore

18. Birthplace Unavailable Virginia
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah White

15. Birthplace Unavailable N. Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sergina Carlisle

(b) Address 7925 Dale Avenue

17. (a) Burial (b) Date thereof 9/24/1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. Dale

(b) Address 4107 Finney Avenue

19. (a) SEP 24 1940 (b) DR. Margaret M. ...
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis
 (c) City or town Richmond Heights
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7925 Dale Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
 year 1940 hour 9 minute 12 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident

Struck by automobile while a pedestrian on a public highway 9/20/40

Due to _____

Due to Caution of the train

Other conditions Fracture R. rib & plate 9/20/40
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 710

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

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

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

(b) Date of occurrence Sept 20, 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
 (Specify type of place) (e) Means of transport Street car

23. Signature John C. ... (M. D. or other)

Address James ... Date signed 9/24/40

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.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 5522

P. O. Address 4107 Finney Ave.

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.

1001 12 907