

13-40
7-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9524**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether _____)
In this community _____
years, months or days _____

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis **18**
(If outside city or town limits, write "RURAL")
(d) Street No. 4453 Hunt Ave.
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19,
year 1940 hour 7:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from November
8, 1940, to November 19, 1940
that I last saw her alive on November 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Central Pneumonia **4 yrs.**
Due to: Generalized Arteriosclerosis **10 yrs.**
Due to: AS
Other conditions: Arteriosclerosis/Heart Disease **Eyes**
Major findings: _____
Of operations: _____
Of autopsy: none
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ella Reddy

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

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

6. (b) Name of husband or wife Late Patrick Reddy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 12th 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 7 If less than one day hr. _____ min. _____

9. Birthplace St. Marys Ontario Canada **2**
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife **2**

11. Industry or business _____ **2**

12. Name Frank Kilfoy **2**

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Ann Keegan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Fink

(b) Address 4453 Hunt Ave.

17. (a) Burial (b) Date thereof 11-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 20 1940 (b) J. P. Reddy
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Rooney Howell (M. D. or other) _____
Address City, Hospital Date signed 11-19-40

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

MOTHER FATHER

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.....

Edwin M. Alcorn

Licensed Embalmer No. 3054

P. O. Address.....

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, fact should be so stated above.