

FILED JUN 14 1943 18

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1205 Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 24 Years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 122
(If outside city or town limits, write "RURAL")
(d) Street No. 1205 Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert G. Redus

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-03-0259

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

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

7. Birth date of deceased November 7 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 23 If less than one day hr. _____ min.

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

10. Usual occupation _____
11. Industry or business Sperry Products Co.

MOTHER FATHER { 12. Name Jimmie Redus
13. Birthplace Mississippi
14. Maiden name Ella Tucker
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mama Ingram
(b) Address 2035 Eugenia St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/4/43
(Month) (Day) (Year)

(c) Place: burial or cremation Jonesboro Grk.

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 E. Finner Ave.

19. (a) JUN 4 1943 (Date received local registrar) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Cardiac Hypertrophy
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration
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) _____
(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 [Signature] (M. D. or other) _____
Address [Address] Date signed 6/2/43

JUN 22 1943

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 *S. J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Chouteau*

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.