

No. 2
1-5-43
5-17-39
I X38671

FILED JAN 12 1944

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 35 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4242 Cook (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tyler Reddick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Izetta F. Reddick 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: June 3 3 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 29 If less than one day
hr. min.

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

10. Usual occupation Chiripodist

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Reddick

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

14. Maiden name Matilda ?

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

16. (a) Informant Izetta F. Reddick
(b) Address 4242 E. Cook

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5 '44
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Untd. Co.

(b) Address 2732 Pine Street

19. (a) JAN 5 1944 (b) J. P. Reddick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2,
year 1944 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from December 25, 1944 to January 2, 1944

that I last saw him alive on January 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Chr. Nephritis

Duration
Unk.
Unk.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 J. E. Smith (M. D. or other) _____
Address 2601 S. Whittier Date signed 1/3/44

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

Joel Russell

Licensed Embalmer No.

4112

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.