

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 27 1944
818

Registration District No. Primary Registration District No.

Registrar's No. 557

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. Marys Infirmary.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri. (b) County. 000

(c) City or town. St. Louis. (If outside city or town limits, write "RURAL") 11

(d) Street No. 4437 Garfield
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alice ~~Edmon~~ Redman

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Theodore ~~Edmon~~ Redman 6. (c) Age of husband or wife if 59 years

7. Birth date of deceased December 11, 1884.
(Month) (Day) (Year)

| AGE | Years | Months | Days | If less than one day |
|-----|-------|--------|------|----------------------|
| | 59 | 1 | 4 | hr. min. |

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

10. Occupation. Housewife
Industry or business

12. Name. Jordan Beakhead.

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

14. Maiden name. Flora Brooks.

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

16. (a) Informant. Theodore ~~Edmon~~ Redman
(b) Address. 4437 Garfield.

17. (a) Burial. (b) Date thereof. 1/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Washington Park

18. (a) Signature of funeral director. C.W. Roberts
(b) Address. 1416 N. Taylor Ave.

19. (a) JAN 19 1944 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th year 1944 hour 9 minute 15 M

21. I hereby certify that I attended the deceased from Jan 15 1944 to Jan 15 1944

that I last saw him alive on Jan 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death intermittent nephritis
hypertension

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 191

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?.....

(Specify type of place) While at work?..... (Specify type of place) Means of injury 191

23. Signature J. F. Bredbeck (M.D. or other) Address 3720 Hawthorne Date signed 1/14/44

WHILE 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 *Fulton E. Culkin*,
Licensed Embalmer No. *4198*,
P. O. Address *St Louis 13*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

BC

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 877

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 557

On this _____ day of _____, 195____, before me appears _____

for Alice Redman, who, upon _____ oath, states that the original record of birth ^{of} death _{died} 1-15, 1944 in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Alice Redman

Instead of _____

Item No. 6 should read Theodore P. Redman

Instead of _____

Item No. 16^a should read Theodore Redman

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant C. W. Robert Jun Dir
gao, Carter Relationship.

Present Address 14 1/2 W. Taylor

Subscribed and sworn to before me this 27 day of Jan, 1954

My Commission expires 3-4-57 Notary Public. C. W. Robert

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

