. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 8368 0

Registrar's No. 451

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8457-Kempland Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 8457-KEMPLAND AVE.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel E. Redburn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive D years

7. Birth date of deceased Oct (Month) 28 (Day) 1881 (Year)

8. AGE: Years 62 | Months 3 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace Equality (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jason Redburn
13. Birthplace unkown (City, town, or county) Ill. / (State or foreign country)

MOTHER
14. Maiden name Florence Vincent
15. Birthplace unknown (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant Winnie Hays
(b) Address 8457-Kempland U.City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Overland, Mo.

19. (a) FEB 22 1944 (Date received local registrar) (b) E. G. Inc Gavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1944 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 1 44 ~~Feb 19~~, 1944 to Feb 18, 1944
that I last saw him alive on Feb 18, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 yr
Due to Chronic Encephalitis	18 mo
Due to Gastric Carcinoma ?	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 46 M
Of autopsy None

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? (e) Means of injury 0

23. Signature D. O. Lamb MD (M. D. or other)
Address 427 Metropolitan Bl. Date signed 2-20-44

707

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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.