DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20165

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5339

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

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: City Hospital (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) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 20

(c) City or town St Louis (If outside city or town limits, write "RURAL") 000

(d) Street No. I6II a N. 25th Str (If rural, give location) 17 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Michale (mike) Reddish

3. (b) If veteran, name war

3. (c) Social Security No. ---

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Katherin Reddish

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

7. Birth date of deceased August (Month) IO (Day) I885 (Year)

8. AGE: Years 58 Months IO Days 2 If less than one day hr. 4 min.

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

10. Usual occupation Unmployed

11. Industry or business

FATHER
12. Name Michael Reddish 4
13. Birthplace Poland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Poland (City, town, or county) (State or foreign country) 4

16. (a) Informant Anna Grzyb

(b) Address I6II a N. 25th Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) I5 (Day) 44 (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co.

(b) Address I84I Cass Ave.

19. (a) JUN 13 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1944 hour 7 minute 00 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 Subarachnoid hemorrhage of Brain Fracture right leg When he was struck by a automobile driven unknown which did not stop at the intersection of Leffingwell and Cass Ave. about 10.10 PM June 10 1944

Due to

Due to

Duration

Other conditions (Include pregnancy within 3 months of death) 170 C

Major findings:
Of operations 21
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) Homicide

(b) Date of occurrence June 10 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature James J. Fitzsimmons (M.D. or other) Coroner

Address 1300 Clark Date signed 6/13/44

(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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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

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