

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:
Euroline Home Nursing & Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether)

In this community 20 YRS.
years, months or days

3. (a) PRINT FULL NAME ELLIS REDMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE **5. Color** COL. **6. (a) Single, widowed, married,** Single
6. (b) Name of husband or wife NO **6. (c) Age of husband or wife if** NO
alive NO years

7. Birth date of deceased: 11 3 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 10
If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business NONE

12. Name UNKNOWN

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

14. Maiden name UNKNOWN UNKNOWN

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

16. (a) Informant Lena Tucker

(b) Address 712 Carr St.

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 12 19 44
(Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD

18. (a) Signature of funeral director Bernie Love

(b) Address 3103 Washington Blvd

19. (a) DEC 9 1944 **(b) J. Schedel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County M.D.

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

(d) Street No. 712 Carr St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 1944 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion
Chronic Arteriosclerosis - non-specific

Due to specific

Due to 94a

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

Major findings:

Of operations _____

Of autopsy _____

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? _____

23. Signature Catrol E. Taylor **(Specify type of place)** 3
(2) Means of injury

Address 1300 Clark **Date signed** 12-14-44

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.....

Licensed Embalmer No:.....

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.