

FILED AUG 23 1945

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH **ST Louis**
 (a) County **MO**
 (b) City or town **ST. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Jefferson Hotel - 415 N. 3/2 St**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **2 yrs...** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Illinois** (b) County **St. Clair. 999**
 (c) City or town **East St. Louis, Ill. 11**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **242 Collinsville Avenue**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Harry Redmon**
 3. (b) If veteran, name war **No.**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Sept 28th 1875**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	10	21	hr. min.

9. Birthplace **Millersburg, Ky.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Owner --**

11. Industry or business **Majestic Theatre..**

12. Name **Mason T. Redmon...**

13. Birthplace **Millersburg, Ky.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Bettie Johnson**

15. Birthplace **Millersburg, Ky.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Nancy Mordant**
 (b) Address **518 1/2 N. 2nd St. East St. Louis, Ill.**

17. (a) Removal **8-20-45** (b) Date thereof (Month) (Day) (Year)
 (c) Place: burial or cremation **East St. Louis, Ill.**

18. (a) Signature of funeral director **W. B. Smith**
 (b) Address **710 State Street, East St. Louis**

19. (a) **AUG 20 1945** (Date received by registrar) **J. F. Boush** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **19**
 year **1945** hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from **July 1937** to **Aug 19 1945**
 that I last saw him alive on **Aug 18 1945**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Haemorrhage**

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **83-1**

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 **Clare C. Kelly** (M. D. or other) _____
 Address **East St. Louis, Ill.** Date signed **8-20-45**

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis, 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.