S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1945

State File No. 38591

Registration District No. 37 Primary Registration District No. 6076 Registrar's No. 2785

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2508-Verona Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 10-Years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2508-Verona Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carl E. Reddick

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-9046

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mildred

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June (Month) 12 (Day) 1888 (Year)

8. AGE: Years 57 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation Motorman

11. Industry or business Public Service

FATHER
12. Name Enoch Reddick
13. Birthplace Milburn (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Betty Bird Payne
15. Birthplace (Milburn (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mildred Reddick
(b) Address 2508-Verona Ave-Overland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cem

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

19. (a) 12-10-45 (Date received local registrar) (b) L. J. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1945 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 14, 1945, to Dec. 4, 1945; that I last saw him alive on Nov. 29, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension & Arteriosclerotic Heart Disease	6 mo.+
Due to Hypertension 93d	6 mo.+
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (e) Means of injury

23. Signature [illegible] M.D. (M. D. or other)

Address 336 Univ. Club Bldg. Date signed 12/6/45

(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.