

FILED JAN 11 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
De Paul 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)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6346 Pershing Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME ELLA G. REDER.

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1945 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from 12-29-45 to 12-29-45
that I last saw him alive on 12-29-45
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife..... Dr. Francis L. Reder.

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

7. Birth date of deceased: April 13 1872
(Month) (Day) (Year)

8. AGE: - Years 73 Months 8 Days 16
 If less than one day hr. min.

Immediate cause of death: Acute coronary thrombosis
Due to: Hypertensive heart disease

Due to.....

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

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

10. Usual occupation at home

11. Industry or business.....

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Chauncey H. Castle.

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. R.E. Bolin.

(b) Address 22 Oakleigh Lane.

17. (a) Cremation (b) Date thereof 12/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) 12/31/45 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

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 Wm. H. [illegible] (M. D. or other)
Address 1952 Maryland Date signed 12-29-45

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

11612

11612

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address 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.