S. No. 2
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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 MAY 16 1946

State File No. 18097

Registration District No. 57 Primary Registration District No. 6076 Registrar's No. 1014

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Manchester Nurs. Home 4 (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 Mo (b) County St Louis 96

(c) City or town Wellston (If outside city or town limits, write "RURAL") 0

(d) Street No. unknown (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME PAUL REDMAN

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 W 2

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

7. Birth date of deceased Aug (Month) 12 (Day) 1877 (Year)

8. AGE: Years 68 Months 8 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace St Louis Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Shoe Factory

11. Industry or business .....

FATHER
12. Name Lorenzo Redman
13. Birthplace ..... (City, town, or county) Maine 1 (State or foreign country)

MOTHER
14. Maiden name Emma Catheston
15. Birthplace St Louis Co (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Charles J. Redman

(b) Address 145 N. Bemiston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Louis H Bopp Jr

(b) Address Kirkwood, Mo

19. (a) 5-10-46 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) JL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1946 hour 12 05 minute A M.

21. I hereby certify that I attended the deceased from Apr. 9, 1946, to May 7, 1946 that I last saw him alive on May 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Prostate c metastasis to vertebra

Due to .....

Due to ~~Ans~~

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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 C H Denny (M. D. or other) MD

Address Creve Coeur Mo Date signed 5-7-46

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1946

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.