No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22589

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6265

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community 3 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Mo.~~ Ill. (b) County 999
(c) City or town E. St. Louis, Ill. (If outside city or town limits, write "RURAL") 11
(d) Street No. 1045 Paradise Av. E. St. Louis. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country no

3. (a) PRINT FULL NAME EMMA JEAN REDMOND

3. (b) If veteran, name war no

3. (c) Social Security No. Unkn.

4. Sex Fem. 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Marr. 1

6. (b) Name of husband or wife ~~48~~ John H Redmond

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov. (Month) 9th. (Day) 1905 (Year)

8. AGE: Years 41 Months 7 Days 19 If less than one day no hr. min.

9. Birthplace Port Gibsond (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

FATHER
12. Name Willie Hutchinson
13. Birthplace unk. (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Mattie Lee Miss.
15. Birthplace Port Gibsond (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant John Redmond
(b) Address 1045 Paradise, E. St. Louis.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page, Boul.

19. (a) JUL 1 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th, year 1947 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from June 24th, 1947, to June 28, 1947, that I last saw her alive on June 27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - c rt hemiplegia — Duration 1 wk

~~Due to~~ Toxemia of Pregnancy ?

Due to

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

Major findings: Of operations — 144

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? — Means of injury —

23. Signature Leon A. Smartin (M.D. or other)
Address 4069 a Eastan St Louis Date signed 6/30/47

(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 Emmitt J. Houston, Registered Apprentice No. 449, working under my personal supervision.

Signed O. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.