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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25971

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6973

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: Mo Pacific Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Minutes (Specify whether years, months or days)
In this community 16 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Overland St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 9219 Bristol
(If rural, give location)
N. R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James E. Reddick
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oleatha Reddick
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased December (Month) 24 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
43	7	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Railroad
FATHER 12. Name John Reddick
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant William Krummenacher
(b) Address 2505 Brown Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address Overland, Missouri.
19. (a) ~~JUL 26 1947~~ (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

JUL 27 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1947 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
(a) Fracture Skull
WITH
Due to: Fall from a chair
Due to: Operation upon which he was convalescing St. Mary's
Due to: Chronic Valvular Heart Disease
Due to: Arteriosclerosis

Duration

Other conditions: 1947
(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) Accident
(b) Date of occurrence July 25 1947
(c) Where did injury occur? St. Louis (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 Fracture
23. Signature James E. Ryan (M. D. or other)
Address Date signed 7/26/47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address.....

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.