S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
Chief, Office of Vital Statistics
FILED OCT 9 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33357

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Adm. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)
In this community 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2005 California Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME REDDEN, Anthony
3. (b) If veteran, name war WW-2
3. (c) Social Security No. 487-24-7379
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 9 (Day) 1926 (Year)
8. AGE: Years 21 Months 2 Days 13 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Inspector
11. Industry or business Rubberoid Co.
FATHER
12. Name Clarence Redden
13. Birthplace Coal Creek, (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Lorine Marti
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Registrar
(b) Address Vets. Adm. Hosp., Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Gebken-Benze Mortuary
(b) Address 2842 Meramec St. Louis, Mo.
19. (a) 9-25-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 22nd year 1947 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept. 5, 1947, to Sept. 22, 1947; that I last saw him alive on Sept. 22, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemoptysis of undetermined etiology.	
Due to	
Due to	
Other conditions Anesthetic death (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN
Underline the cause of 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 L. E. Stilwell (M. D.)
L. E. STILWELL
Address Vets. Adm. Hosp., J. B., Mo. Date signed 9/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

OCT 10 1941

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

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.