

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41764**
Registration District No. **318**
Primary Registration District No. **1003**
Registrar's No. **10701**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **ST. LOUIS**
(c) Name of hospital or institution.....
625 SKINKER BLD
(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)

3: (a) PRINT FULL NAME **ERNEST REDDEN ^{ALSO} REDMOND**
3: (b) If veteran, name war..... **V**
3: (c) Social Security No. **493-14-5885**
4. Sex **MALED** 5. Color or race **WHITE**
6: (a) Single, widowed, married, divorced **MARRIED**
6: (b) Name of husband or wife **BEULAH REDDEN**
6: (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **MARCH 10 1894**
(Month) (Day) (Year)

8. AGE: Years **54** Months **8** Days **29** If less than one day hr. min.

9. Birthplace **LAKE CITY, TENNESSEE**
(City, town, or county) (State or foreign country)

10. Usual occupation **ELEVATOR OPERATOR**

11. Industry or business **625 SKINKER**

12. Name **JAMES REDDEN 1**

13. Birthplace **KNOX COUNTY, TENNESSEE**
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH COX**

15. Birthplace **ROME COUNTY, TENNESSEE**
(City, town, or county) (State or foreign country)

16: (a) Informant **MRS BEULAH REDDEN**

(b) Address **4751 EASTON AVE**

17: (a) **REMOVAL** (b) Date thereof **DEC 11, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CHILICOTHE, MISSOURI**

18: (a) Signature of funeral director **Wm. J. Robert & Co.**

(b) Address **1905 S. GRAND BLD**

19: (a) **DEC 10 1948** (b) **B. [Signature]**
(Date received local registrar) (Registrar's signature)

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. **4751 EASTON AVE**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **DEC** day **9**
year **1948** hour **6** minutes **30** A. M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Coronary Sclerosis
Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) **94**

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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?
Write at work?..... (Specify type of place) Means of injury.....
23. Signature **Patrick E. Taylor** (M. D. or other) **12-10-48**
Address **1300 Clark** Date signed.....

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 J. Allen Davis Jr
Licensed Embalmer No. 4053
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.