

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10548
2548
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		17				
St. Louis		21 days		St. Louis						
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)						
Homer G Phillips Hospital				2903 Dayton						
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)			
Annie Re			Reddick		Mar. 17, 1949		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		
Female		Cauc		Married		June 1-1879		69		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Unemployed			None			Ark		1		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
Berry Brown			Harriet Dodson			Archie Reddick				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			ADDRESS	
No						Gellar Short			2903 Dayton	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver						15		
		ANTECEDENT CAUSES								
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
		DUE TO (b) Malnutrition								
		DUE TO (c) None								
		II. OTHER SIGNIFICANT CONDITIONS								
		Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 2-21-1949, to 3-17-1949, that I last saw the deceased alive on 3-17-1949, and that death occurred at 4:30 pm., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title)				23b. ADDRESS			23c. DATE SIGNED			
Oscar J. Daniels M.D.				2601 N Whittier St			3/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
		3/27/49		Rochester Washington		St. Louis				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
MAR 21 1949		J. B. Lavater			W. M. Green 351 Sackel St					

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

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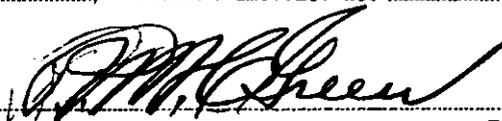
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed.....



Licensed Embalmer No.

1173

P. O. Address.....

3517 Pauley Dr.

Student Embalmer

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.