

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25197  
6181

FILED JUL 29 1950

State File No. ....  
Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. ....				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			211.9			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				STREET ADDRESS (If rural, give location) <b>1501 Wagoner</b>								
3. NAME OF DECEASED (Type or Print) <b>Virgie</b>				a. (First)		b. (Middle)		c. (Last) <b>Redd</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 15 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 25, 1895</b>		9. AGE (In years last birthday) <b>54</b>		if UNDER 1 YEAR Days <b>8</b> if UNDER 1 MIN. Hours <b>20</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Frankfurt, Kentucky</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Robert Buckner</b>				13b. MOTHER'S MAIDEN NAME <b>Sophia Nelson</b>				14. NAME OF HUSBAND OR WIFE <b>Justice Redd 3137a Evans</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		(If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Sadie Bend</b> ADDRESS <b>1501 Wagoner</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>H/H 3 X</b>								
22. I hereby certify that I attended the deceased from <b>6-26</b> , 19 <b>50</b> , to <b>7-15</b> , 19 <b>50</b> that I last saw the deceased alive on <b>7-15</b> , 19 <b>50</b> , and that death occurred at <b>4:42P</b> m., from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <b>M.D.</b>						23b. ADDRESS <b>2601 N Whittier St</b>			23c. DATE SIGNED <b>7-17-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-21-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>LaMay, Mo.</b>						
DATE REC'D BY LOCAL REGISTRY <b>JUL 18 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Senter</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Karsel</b>		ADDRESS <b>1221 N. Grand</b>				

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Lawrence Cowan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4755*

P. O. Address *12217 Grand*

**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.