

STANDARD CERTIFICATE OF DEATH

18852

State File No. \_\_\_\_\_

FILED JUN 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1221

1. PLACE OF DEATH  
a. COUNTY St Mary Hoop  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICAMOND HEIGHTS  
c. LENGTH OF STAY (In this place) 11 DAYS  
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary Hoop

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS  
d. STREET ADDRESS (If rural, give location) 1205 SO BOYLE AVE

3. NAME OF DECEASED  
(Type or Print)  
a. (First) THOS  
b. (Middle) J.  
c. (Last) REDDEN

4. DATE OF DEATH  
(Month) (Day) (Year)  
5 5 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH 7-4-1884

9. AGE (In years last birthday) 67

IF UNDER 1 YEAR Months Days  
IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRIEST

10b. KIND OF BUSINESS OR INDUSTRY RELIGION

11. BIRTHPLACE (State or foreign country) IRELAND

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHRISTOPHER REDDEN

13b. MOTHER'S MAIDEN NAME CATHERINE McEVoy

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS REV. T. J. CLARKE CREVE COEUR MO

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) BRAIN TUMOR  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (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  
2 YRS

19a. DATE OF OPERATION 26 APRIL 52

19b. MAJOR FINDINGS OF OPERATION BRAIN TUMOR

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 APRIL, 1952, to MAY 5, 1952, that I last saw the deceased alive on 5-5, 1952 and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE Philip A Riley (Degree or title) MD

23b. ADDRESS 1325 S. Grand

23c. DATE SIGNED 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 5-8-52

24c. NAME OF CEMETERY OR CREMATORY CALVARY

24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REG. 5-18-52

REGISTRAR'S SIGNATURE Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm J Morrell 412 St Louis

# 05 m  
u  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

120201M  
PT-0112  
1202 20 BOYLE AVE

4881-4-7

THEY TOGETHER READING CATHEDRAL REVENUE

NO

REV. T. J. CLARKE CRENSHAW MO

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.....

*John J. Haines*  
Licensed Embalmer No. 4108

Signed.....  
Student Embalmer

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.

4881-4-7