FILED JAN 30 1953

XC

REG# 107932

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0209

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4358

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 921 Geyer 4673

3. NAME OF DECEASED (Type or Print)
a. (First): GREGORY
b. (Middle): F.
c. (Last): REDING

4. DATE OF DEATH (Month) (Day) (Year): 1-19-53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-29-91
9. AGE (In years last birthday): 61 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOREKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: GROCERY
11. BIRTHPLACE (City and State or Foreign Country): NEW YORK CITY, NEW YORK
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY REDING
13b. MOTHER'S MAIDEN NAME: MARY (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: REATHA REDING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 487 22 6952
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF BRKS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CIRRHOSIS OF LIVER

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

5810

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 1-17, 1953, *to* 1-19, 1953, ~~that I last saw the deceased alive on~~ *and that death occurred at* 5:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. P. KAMINSKAS, M.D.
23b. ADDRESS: VET ADM HOSP, JEFF BRKS, MO.
23c. DATE SIGNED: 1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-23-53
24c. NAME OF CEMETERY OR CREMATORY: National Cem.
24d. LOCATION (City, town, or county) (State): Jeff. Brks, Mo.

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Herbert R. Domke - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Southern Funeral Home 6322 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

Student _____
Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 6322 So. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.