

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7101

BIRTH NO. 10915-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1637

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		e. STREET ADDRESS (If rural, give location) 1131 Trendley 812 S					
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last)		Carmon Redd		4. DATE OF DEATH (Month) (Day) (Year) 2-5-56			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH 2-5-56		9. AGE (In years last birthday) 9 hrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Jesse Redd			
13b. MOTHER'S MAIDEN NAME Rita Carson		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)			
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Rita Redd.		ADDRESS above.			
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) Atelectasis ANTECEDENT CAUSES DUE TO (b) prematurity 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 762.5		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) m.		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 8:45 a.m. 2-5-56, to 5:20 p.m. 2-5-56, that I last saw the deceased alive on 2-5-56, and that death occurred at 5:20 p.m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) C. Raymond Aker		22b. ADDRESS 360 A So 15 St. Clair		22c. DATE SIGNED 2/6/56			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 2-19-56		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board			
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24. DATE REC'D BY LOCAL REG. FEB 16 1956		24. REGISTRAR'S SIGNATURE Carl Smith Mo			
25. FUNERAL DIRECTOR'S SIGNATURE Kowland-Aker Mortuary Service		ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.		(Licensed Embalmer's Statement on Reverse)			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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