

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10855-62-044760  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10855

**FILED NOV 19 1962**

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Rev. 4/59
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DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>E/R To City Hospital</b>						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2709a Tennessee</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <b>Paul</b> Middle <b>L.</b> Last <b>Redmond</b>			4. DATE OF DEATH Month <b>NOV</b> Day <b>10</b> Year <b>1962</b>			5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cau.</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-20-07</b>		9. AGE (last birthday) <b>54</b>		IF UNDER 1 YEAR Months   Days		IF UNDER 24 HR Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furniture Finisher</b>						10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>			11. BIRTHPLACE (City and state or country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Frank Redmond</b>						13b. MOTHER'S MAIDEN NAME <b>Lucy Cooper</b>			14. NAME OF HUSBAND OR WIFE <b>Audanell Redmond</b>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>						16. SOCIAL SECURITY NO. <b>Yes (Unknown)</b>			17. INFORMANT Address <b>Audanell Redmond 2709a Tennessee</b>										
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary thrombosis</b>												INTERVAL BETWEEN ONSET AND DEATH <b>None - death instantaneous.</b>							
DUE TO (b) <b>Coronary arteriosclerosis</b>																			
DUE TO (c) <b>4201</b>																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>												PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE							
21. I attended the deceased from <b>Oct. 13, 1962</b> to <b>Oct. 27, 1962</b> and last saw her alive on <b>Oct. 27, 1962</b> Death occurred at <b>3:07 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <b>Thomas J. Walsh, M. D.</b>						22b. ADDRESS <b>3720 Washington, St. Louis 8, Mo.</b>			22c. DATE SIGNED <b>11-12-62</b>										
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-13-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>												
24. FUNERAL DIRECTOR <b>McLaughlin 2301 Lafayette Ave</b> <b>St. Louis, Mo.</b>						25. DATE RECD. BY LOCAL REG. <b>NOV 13 1962</b>		26. REGISTRAR'S SIGNATURE <b>W. J. Smith, M.D.</b>											

USE BLACK INK OR TYPEWRITER RIBBON

**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 Edward R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis, Mo.

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.