S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42855

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10592

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2617a North Spring Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 52 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2617a North Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Nancy Redman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claud Redman

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 6 (Month) — 2 (Day) — 1874 (Year)

8. AGE: Years ~~About~~ 79 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Pittsburgh, Pa. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name John Kraus

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Julia Munbauer

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Claud Redman,
(b) Address 2617a North Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 10 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1946 hour 7 AM minute no M.

21. I hereby certify that I attended the deceased from May 3, 1946 to Dec 10, 1946 that I last saw h. alive on Dec 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach with metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Nathan Delaly M.D. (M. D. or other)
Address 2739 Gravois Date signed 12/10/46

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 7713 St Louis Ave

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.