

5. No. 300  
EV. 10.48

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7195  
Registrar's No. 429

40000  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston, Missouri		c. LENGTH OF STAY (in this place) 9 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1347 Ferguson Avenue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston d. STREET ADDRESS (If rural, give location) 1347 Ferguson Avenue	
3. NAME OF DECEASED (Type or Print) Elizabeth Katherine Redin			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16th, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 26th, 1870
9. AGE (In years last birthday) 79		10. MONTHS 4	10. DAYS 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Pittsburg, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George A. Neubert	
13b. MOTHER'S MAIDEN NAME Barbara Miller		14. NAME OF HUSBAND OR WIFE Late William E. Redin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Le Roy Redin, 1347 Ferguson Avenue		ADDRESS	
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* Arterio sclerosis heart disease. DUE TO (b) Rheumatic arterio sclerosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		420.0	
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 <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 July 1949, to Feb 15, 1950; that I last saw the deceased alive on 2/15, 1950, and that death occurred at 12:30A m., from the causes and on the date stated above.			
23a. SIGNATURE Edward G. Gibinski M.D.		23b. ADDRESS 3701 Grandel Street	
23c. DATE SIGNED 2/16/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/50	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-17-50		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

3701 Humboldt Avenue  
Mobile 330 Ala

**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

*John A. Mlinar*

Licensed Embalmer No. *4186*

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