

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15239

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3068** Registrar's No. **1182**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD 17	c. LENGTH OF STAY (in this place) 25 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) WEBSTER GROVES 19 Mo 4577	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAPLEWOOD NURSING HOME		d. STREET ADDRESS (If rural, give location) 836 MARSHALL AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) MATHILDA b. (Middle) REDEM c. (Last) HARRIS	4. DATE OF DEATH (Month) (Day) (Year) 5 7 1950			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-2-1882	9. AGE (In years last birthday) 68 if UNDER 1 YEAR Months 7 Days 5 if UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS/ OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St Louis Mo 7		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME PETER REDEM	13b. MOTHER'S MAIDEN NAME ELIZABETH ZOLLINGER	14. NAME OF HUSBAND OR WIFE GEORGE B. HARRIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo B Harris 836 Marshall Ave N. E. 19
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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		INTERVAL BETWEEN ONSET AND DEATH 16 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer, sigmoid colon. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X			

19a. DATE OF OPERATION April 1949	19b. MAJOR FINDINGS OF OPERATION Inoperable Ca of Colon with metastasis entire pelvis content	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 5:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/1**, 19**48**, to **5/7**, 19**50**, that I last saw the deceased alive on **5-7-**, 19**50**, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl Brand M.D.	23b. ADDRESS Webster Groves Mo	23c. DATE SIGNED 5/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-10-'50	24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES	24d. LOCATION (City, town, or county) (State) St Louis Co Mo
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DATE REC'D BY LOCAL REG. MAY 8 1950	REGISTRAR'S SIGNATURE Herbert L. Slonick, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME
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(Licensed Embalmer's Statement on Reverse Side) **WEBSTER GROVES 19 MO**

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

4044

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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ray W. Wilkinson

Licensed Embalmer No. 3575

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.