

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43782**
10222

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		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) St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Clayton OR TOWN 4442	
d. STREET ADDRESS (If rural, give location) 145 N. Bemiston			
3. NAME OF DECEASED (Type or Print) CHARLES F. REDMAN		4. DATE OF DEATH (Month) (Day) (Year) 11-29-50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 31-1874
9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY ST. L. Co. Land Title	11. BIRTHPLACE (State or foreign country) Ellisville Mo
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Lorenzo Redman		13b. MOTHER'S MAIDEN NAME Emma Catherton	
14. NAME OF HUSBAND OR WIFE Belle Redman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> YES		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas F. Redman		ADDRESS 145 N. Bemiston	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Broncho - pneumonia			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. paralysis of the bladder 6 wks. arteria sclerotic heart disease several years			
19a. DATE OF OPERATION 10/17/50		19b. MAJOR FINDINGS OF OPERATION irreducible hernia	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 56/5			
22. I hereby certify that I attended the deceased from Oct. 10, 1950 , to Nov. 29, 1950 , that I last saw the deceased alive on Nov. 29, 1950 , and that death occurred at 9 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Edw. F. Sievers (Degree or title) M.D.		23b. ADDRESS 634 N. Grand Ave.	
23c. DATE SIGNED 11/30/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/50	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem		24d. LOCATION (City, town, or county) (State) Wellston	
DATE REC'D BY LOCAL REG. DEC 1 1950		REGISTRAR'S SIGNATURE J. B. Basater	
FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc		ADDRESS Clayton Mo	

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

109229

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.....

Felix Husband

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22

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.