

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 43272

Registrar's No. 11452

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 43272	
1. PLACE OF DEATH a. COUNTY <u>St Louis MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>St Louis Mo.</u> b. COUNTY <u>2167</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>72 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis MO</u>		d. STREET ADDRESS (If rural, give location) <u>4267 Kossuth Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H 267 Kossuth</u>				3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>---</u> c. (Last) <u>Redman</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 51</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Nov 26th 1879</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Schroeter</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Hartman</u>		14. NAME OF HUSBAND OR WIFE <u>W. Lynn Redman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name, rank or grade, or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anna Redman</u>				ADDRESS <u>4267 Kossuth Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bowel Caecum</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of uterus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				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) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>174X</u>				22. I hereby certify that I attended the deceased from <u>Sept 19 57</u> to <u>Dec 24 1957</u> , that I last saw the deceased alive on <u>Dec 24 1957</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Beace D. Murawski M.D.</u>		(Degree or title)		23b. ADDRESS <u>4032 W. F. Louisiana Ave</u>		23c. DATE SIGNED <u>12/24/57</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 27th</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Ill</u>	
DATE REC'D BY LOCAL REG. <u>DEC 26 1957</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Strook Carroll</u>		ADDRESS <u>4600 Nat Bridge Ave</u>	

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

2025 JUN 11

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Albert Mayfield

Signed.....

Student Embalmer

Licensed Embalmer No.

3099

P. O. Address.....

St. Louis

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.