

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46238
STATE FILE NUMBER
12128
Registrars' No.

Registration District No. 318 Primary Registration District No. 1003

S. 300
v. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital | | Length of stay in lb 6 Days | | 9d. STREET ADDRESS 5436a Shreve Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Catherine Middle H. Last Redding | | | | 4. DATE OF DEATH December 16, 1957 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH December 13, 1896 | |
| 9. AGE (In years last birthday) 61 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron | | 10b. KIND OF BUSINESS OR INDUSTRY Johnson Service Co. | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | |
| 13a. FATHER'S NAME John A. Schaerer | | 13b. MOTHER'S MAIDEN NAME Mary A. Roth | | 14. NAME OF HUSBAND OR WIFE Charles Redding | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT Address Mrs. Rosemary Sweeney R.R.1 St. Charles Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Abdomen & Mediastinum | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 Mo. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Esophagus | | | | | | 4-6 Mo. | |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerotic Cardiovascular Disease | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | 1-50 X | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 20 September '57 to 16 Dec. 57 and last saw her alive on 16 Dec. 57 Death occurred at 2 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Thomas E. Jewett M.D. (Degree or title) | | | | 22b. ADDRESS 607 N. Grand Ave., | | 22c. DATE SIGNED 12/16/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Dec. 19, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 E. Fair | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. DEC 17 '57 | | 26. REGISTRAR'S SIGNATURE Carl Smith mo 2186 |

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
Signature of Student Embalmer

Signed *Gene W. Way*

Licensed Embalmer No. 3737
P. O. Address *J. Lane Inc*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.