

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030886  
State File No. ....

FILED AUG 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8178

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )		c. LENGTH OF STAY (in this place) <b>0</b>	c. CITY OR TOWN <b>St. Louis,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>31 St. Louis State Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2139 5400 Arsenal St., St. Louis 9, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDNA</b> b. (Middle) <b>BELLE</b> c. (Last) <b>REDD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 21, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-12-1893</b>
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Formerly: Saleslady</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George McCullough</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret P. Deatherage</b>		14. NAME OF HUSBAND OR WIFE <b>Frank R. Redd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Nil</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George W. McCullough, 4917 McPherson Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>Grand Mal convulsions</b>		10 days	
DUE TO (c) <b>Alzheimer's disease</b>		7 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>A.S.H.D.</b>		Generalized Arteriosclerosis with	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>305x</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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?	
22. I hereby certify that I attended the deceased from <b>Jan. 15, 1951</b> , to <b>Aug. 21, 1958</b> , that I last saw the deceased alive on <b>Aug. 21, 1958</b> , and that death occurred at <b>2:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Anna Hyman, M.D.</b> (Degree or title)		23b. ADDRESS <b>5400 Arsenal St., St. Louis, Mo.</b>	23c. DATE SIGNED <b>8-21-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>8-23-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>AUG 22 '58</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington Blvd.</b>	

MS MAY 27 1900

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.....  
*Melvin L. Kemp*

Licensed Embalmer No. *H.O.B.*  
P. O. Address *4911 Washington 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.