

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28658**
Registrar's No. **7589**

FILED SEP 1 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Alabama b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			c. LENGTH OF STAY (In this place) 10 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairhope			8010
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) Baldwin Plantation			
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude			b. (Middle) C.	c. (Last) Riedemann		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25th, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 22nd, 1876		9. AGE (In years last birthday) 75	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) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Albion, Nebraska			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Kingham		13b. MOTHER'S MAIDEN NAME Anne Skinner		14. NAME OF HUSBAND OR WIFE James H. Riedemann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James H. Riedemann, Baldwin Plantation, Fairhope, Alabama				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix ANTECEDENT CAUSES 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.						INTERVAL BETWEEN ONSET AND DEATH 6/1 1950 to Date
19a. DATE OF OPERATION _____		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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171X					
22. I hereby certify that I attended the deceased from Aug 15, 1951, to Aug 25, 1951 , that I last saw the deceased alive on Aug 25, 1951 , and that death occurred at 10:00A m. , from the causes and on the date stated above.							
23a. SIGNATURE Anthony P. Day M.D. (Degree or title)				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 8-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Ball	24b. DATE 8/27/51	24c. NAME OF CEMETERY OR CREMATORY Ridgewood Cemetery		24d. LOCATION (City, town, or county) (State) Chicago, Illinois			
DATE REC'D BY LOCAL REG. AUG 27 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 Natural Bridge Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Anthony B Day

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.....

Ralph C. Lindner

Signed.....
Student Embalmer

Licensed Embalmer No. *4225*

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.