

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26691

State File No. 1982
Registrar's No. 1982

BIRTH NO. 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8754 Rose Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8754 Rose Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maudelle</u> b. (Middle) <u>Redmond</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>7/19/52</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 7, 1891</u>	9. AGE (In years last birthday) <u>61</u>	10. MONTHS <u>2</u>	11. YEAR <u>12</u>	12. IF UNDER 18 Hrs. Hours	13. IF UNDER 18 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Redmond</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Fairfax</u>	14. NAME OF HUSBAND OR WIFE <u>Chester Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rosalie Sage</u> ADDRESS <u>8754 Rose, Brentwood</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertrophic Arthritis</u>			<u>12 yrs</u>
	DUE TO (c) <u>434-3</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ex. Malnutrition</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1950, to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Ransom, M.D.</u> (Degree or title)	23b. ADDRESS <u>235 E. Kirkham</u>	23c. DATE SIGNED <u>7-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, CO - MO</u>
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DATE REC'D BY LOCAL REG. <u>7-24-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u> ADDRESS <u>4107 Finney Avenue</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

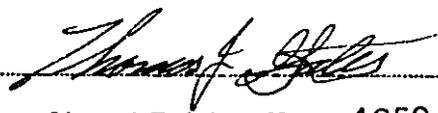
STATEMENT BY LICENSED EMBALMER

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.....



Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.