

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43994**

FILED DEC 19 1957

BIRTH NO. _____ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **5430** Registrar's No. **648**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Central		b. COUNTY Franklin	
c. LENGTH OF STAY (in this place) 50 yrs		c. CITY OR TOWN Central Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0360			

3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle)		c. (Last) Redhage		4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Apr. 27, 1866	
9. AGE (in years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							

13a. FATHER'S NAME Frederick Schallenberg		13b. MOTHER'S MAIDEN NAME Katherine Westholt		14. NAME OF HUSBAND OR WIFE Charles Redhage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Fred Redhage	
				ADDRESS St. Clair, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		DUE TO (b) Arteriovascular Disease					
ANTECEDENT CAUSES		DUE TO (c)					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 456X	
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?	

22. I hereby certify that I attended the deceased from **1938** to **12-9, 1957**, that I last saw the deceased alive on **12-8, 1957**, and that death occurred at **1.0** m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Senny M.D.		23b. ADDRESS Union Mo		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-11-57		24c. NAME OF CEMETERY OR CREMATORY St. Martins Cemetery		24d. LOCATION (City, town, or county) (State) Dittmer, Mo.	
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DATE REC'D BY LOCAL REG 12-17-57		REGISTRAR'S SIGNATURE Clay Williams		25. FUNERAL DIRECTOR'S SIGNATURE Casey-Lenox		ADDRESS St. Clair, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

511-0

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 *H. M. Lind*.....

Licensed Embalmer No. *3601*.....

P. O. Address *H. Lind*.....

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.