

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011636
STATE FILE NUMBER

MAR 19 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 707

300
1-57

707-130

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis (optional)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Clayton 444th	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 145 N. Bemiston		d. STREET ADDRESS (If outside, give location) 145 N. Bemiston	
3. NAME OF DECEASED (Type or print) First Middle Last Belle Redman		4. DATE OF DEATH Month Day Year March 15 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13 1880
9. AGE (In years last birthday) 78		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) Never Worked		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Kohner	13b. MOTHER'S MAIDEN NAME Clara Block
14. NAME OF HUSBAND OR WIFE Charles F Redman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. No.		17. INFORMANT Address Miss Clara Homo 6923 MAldemor St. Louis 10 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) Acute myocardial infarction DUE TO (b) Arteriosclerotic heart dis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of breast & metastases			INTERVAL BETWEEN ONSET AND DEATH immediate 3 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 5/8/57 to 3/16/59 and last saw her alive on 2-24-59 Death occurred at 6:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harley W. Maled Med		22b. ADDRESS 457 N. Kingshighway	
22c. DATE SIGNED 3/16/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE March 17		23c. NAME OF CEMETERY OR CREMATORY Valhalla	
23d. LOCATION (City, town, or county) St. Louis Mo.		23e. (State)	
24. FUNERAL DIRECTOR Louis H. Bopp		25. DATE RECD. BY LOCAL REG. 3-17-59	
26. REGISTRAR'S SIGNATURE John C. Murphy, M.D./PH			

(Licensed Embalmers Statement on Reverse Side)

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 *Francis J. Mylonakis*

Licensed Embalmer No. *2512*

P. O. Address *Richardson, TX*

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.