

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037986

FILED VS. OCT 19 1959

STATE FILE NUMBER

MEMORIALIZED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9118**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3732 Blow		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3732 Blow Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Andrew Middle T. Last Redmond	4. DATE OF DEATH Month 10 Day 1 Year 59
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5. SEX Mm	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/4/85	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man	10b. KIND OF BUSINESS OR INDUSTRY Apartment Bldgs	11. BIRTHPLACE (City and state or country) Nova Scotia	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Thomas	13b. MOTHER'S MAIDEN NAME Elizabeth Krusz	14. NAME OF HUSBAND OR WIFE Anna (deceased)
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT Augusta Mack 3732 Blow Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage (Apoplexy)		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis.	
	DUE TO (c) Senility	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **Aug 15, 1955** to **Oct 1, 59** and last saw him ^{him} alive on **Sept 30, 59**
Death occurred at **6 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Don C. Schumacher M.D. (Degree or title)	22b. ADDRESS 7702 Loring Ave	22c. DATE SIGNED 10/4/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/5/59	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Church Yard	23d. LOCATION (City, town, or county) St. Louis Co Mo. (State)
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24. FUNERAL DIRECTOR Schumacher 3013 Mermaec ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 5 '59	26. REGISTRAR'S SIGNATURE Don Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(H.T.)

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

Jack Hauck

Licensed Embalmer No. 4746

P. O. Address St Louis

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.