

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18071

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township Missouri Baptist Hospital Primary Registration District No. 1003
 City St. Louis (No. Mo. Capp. Hosp.)

File No. _____
 Registered No. 5229
 St. _____ Ward _____

2. FULL NAME

Charles Redhage
 (a) Residence. No. Mt. Hope, Missouri Ward W. H. C.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 18, 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 2 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Own Farm
 (c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Mt. Hope, Mo.
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Redhage
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Eliza Pierce
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. Hope, Mo.
 (STATE OR COUNTRY) Mo.

14. INFORMANT Miss Edna Brunno
 (Address) St. Clair, Mo.

15. MAY 28 1930
 FILED _____ 19 _____
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28-1930
 17. I HEREBY CERTIFY, That I attended deceased from May 27, 1930, to May 28, 1930, that I last saw him alive on May 28, 1930, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach.
76 R
112 L
Stomach trouble for 15 years.
 CONTRIBUTORY (SECONDARY) Hemorrhage of same (duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRIBUTED
 IF NOT AT PLACE OF DEATH _____
 DATE OF OPERATION PRECEDE DEATH 7-20 DATE OF _____
 WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS Ca mass in stomach and liver
 (Signed) James A. Forster, M. D.
 . 19 _____ (Address) 3903 Olive - Wall Bldg.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery DATE OF BURIAL May 30 1930

20. UNDERTAKER Wm Casey & Co. St. Clair, Mo.
 ADDRESS _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1904

The first part of the report deals with the general conditions of the country, and the second part with the details of the various districts. The first part is divided into two sections, the first of which deals with the general conditions of the country, and the second with the details of the various districts. The second part is divided into three sections, the first of which deals with the details of the various districts, the second with the details of the various districts, and the third with the details of the various districts.

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