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

Do not use this space.

22745

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6401

City St. Louis, Mo. (No. Childrens Hospital St. ..... Ward)

2. FULL NAME Jerome Redel

(a) Residence. No. Vienna Mo St., 12 Ward. Vienna, Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18 1924

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
3	3	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vienna, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Redel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mayor's Co Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Agnes Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vienna, Mo.
(STATE OR COUNTRY)

14. INFORMANT George Redel
(Address) Vienna, Mo.

15. FILED JUL 13 1927, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-12 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-10-27 July-10, 1927, to July 12, 1927 that I last saw him alive on July 12, 1927 and that death occurred, on the date stated above, at 9.40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aplastic anaemia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood examination

(Signed) Katherine Bain, M.D.
7-12, 1927 (Address) St. Louis Childrens' Hosp

*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: Freeburg Mo
DATE OF BURIAL: July 15 1927

20. UNDERTAKER: Philander Craig
ADDRESS: 4468 Washington

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.

THIS IS A PERMANENT RECORD