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

Do not use this space.

38158

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 93
Township Central — Primary Registration District No. 4470 — Registered No.
City University City (No. 719 Westgate St. Ward)

2. FULL NAME Henry Rederer
(a) Residence. No. 719 Westgate St., Ward.
(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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 28-1855

7. AGE: Years 72 — Months 3 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: David Rederer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Bohemia
12. MAIDEN NAME OF MOTHER: Rose Sicher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Bohemia

14. INFORMANT: Henry Crohn
(Address) 719 Westgate Ave.

15. FILED 12-29, 1927 E. Lillian Bruns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 27 — 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1927, to Nov 27, 1927, that I last saw him alive on Dec. 27, 1927, and that death occurred, on the date stated above, at 11:58 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
132
131
936
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Ch. Myocarditis, chronic cirrhosis of the liver, chronic interstitial nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1919
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) M. L. Custer, M. D.
12-29, 1927 (Address) 1010 Paul Brown 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: Mt. Sinai Cemetery — DATE OF BURIAL: Dec. 30 - 1927

20. UNDERTAKER: H. Rindskopf — ADDRESS: 5216 Delmar

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.