

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

Do not use this space.

2623

PLACE OF DEATH

County St Charles Registration District No. 757 File No. _____
 Township _____ Primary Registration District No. 3036 Registered No. 9
 City St Charles (No. 1110, North Benton Ave) St. _____ Ward)

2. FULL NAME

Elizabeth Redell
 (a) Residence, No. 1110 N. Benton Ave 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 Female 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) Nov - 27 - 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	46	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

13. NAME Mathias Redell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Mary Brunstein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT Fred Redell (ADDRESS) 1110 N. Benton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter Cemetery DATE Jan 23 1931

19. UNDERTAKER H. Wallmeyer & Sons Co (ADDRESS) 500 N. Second St.

20. FILED 122 1931 W. G. Blackburn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1931

22. I HEREBY CERTIFY, That I attended deceased from February 10 1929 to Jan 20 1931
 I last saw h. alive on Jan 20 1931. Death is said to have occurred on the date stated above, at 9:45 P. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Jan 6 - 1931

Other contributory causes of importance: 108

Name of operation none Date of _____
 What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. G. Blackburn M. D.
 (Address) 2000 Olive St. St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 7 1931

