

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

Do not use this space.

3240

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 720^a)

Dover Pl.

File No.

Registered No. 459

St.

Ward)

2. FULL NAME Clara A. Redemsky

(a) Residence. No. St.

(Usual place of abode)

St.

Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustav A. Redemsky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1891.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>3</u>	<u>18</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) 2nd
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) mo 1

10. NAME OF FATHER Wm Kornfeld

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 15

12. MAIDEN NAME OF MOTHER Carrie Hintner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

14. INFORMANT Gustav A. Redemsky
(Address) 724^a 2nd St. Dover Pl.

15. May C. Stanley
FILED 12 1931 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 11, 1931, that I last saw h. h.c. alive on Jan 11, 1931, and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82A
apoplexy (Cerebral)
Hemorrhage

CONTRIBUTORY Primary Apoplectic
(SECONDARY) Hemiplegia

18. WHERE DISEASE CONTRACTED at Home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signif. test
(Signed) Wm. Smith, M. D.

1-11, 1931 (Address) Travis 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 St. Ann's Church DATE OF BURIAL 1/15 1931

20. UNDERTAKER C. Hoffmeister & Co ADDRESS 7814th Broadway

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.

S.W. Co. or Pitt. V. Line.