

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

16659  
 Do not use this space.

1939 JUN 12 1939

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No..... 791  
 (b) Township..... 1 Primary Registration District No..... 1003  
 (c) City..... St. Louis (d) Street No..... 3404 Klein St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 356 William F. Rhedemeyer

(a) Residence, No. 3404 Klein St. St. 24 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aug. 2, 1897.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
51 9 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
 9. Industry or business in which work was done, as 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) St. Louis  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Julius Rhedemeyer

FATHER 14. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Katherine Delany

MOTHER 16. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Ralph W. Suedmeyer  
 (ADDRESS) 3934 N. 20th St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary Cem. DATE May 6, 1939.

19. FUNERAL DIRECTOR (NAME) Bludmeyer & Sons  
 (ADDRESS) 3934 N. 20th St.

20. FILED MAY 5 1939 J. D. Prudner  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 5:30 am  
 The principal cause of death and related causes of importance were as follows:

Mitral Stenosis  
Pneumonia meningitis  
Oedema of Brain

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... 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 See above  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) Joseph H. Prudner M.D.  
 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Geo P Schubert*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Geo P Schubert*

Licensed Embalmer No. *2212*

P. O. Address *5118 E. M. Kingshigh*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**