DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27708

REC'D SEP 14 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7208

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5571 Maffitt Av (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 6

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. 5571 Maffitt (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edna Redel 340

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael Redel

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December (Month) 24 (Day), 1895 (Year)

8. AGE: Years 43 Months 7 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Andrew J. Lawler

FATHER 13. Birthplace Youngstown (City, town, or county) Ohio (State or foreign country)

MOTHER 14. Maiden name Mary Hackett

MOTHER 15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Michael Redel

(b) Address 5571 Maffitt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd

19. (a) AUG 19 1939 (Date received local registrar) (b) J. Backus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 17th day year 1939 hour 9 minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan. 3, 1939, to Aug 17, 1939, that I last saw her alive on Aug 17, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	
Hypertension Primary	10 yrs.
Due to:	
Due to:	
Other conditions: Chr. Nephritis (Include pregnancy within 3 months of death)	
Arteriosclerosis	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury

23. Signature L. F. Hayden (M. D. or other)

Address 5899 Delmar Date signed 8/18/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 Form 1 X19811

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.....

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

working under my personal supervision.

Signed Albert G Klapper

Licensed Embalmer No. 2971

P. O. Address.....

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.