

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

**36138**  
 Do not use this space.

NOV 14 1939

**1. PLACE OF DEATH**

(a) County CRUMMAY Registration District No. 328  
 (b) Township 1 Primary Registration District No. 3017 Registered No. \_\_\_\_\_  
 (c) City TRINIDAD (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 330 Wilbur Reddig St.  (If nonresident, give city or town and State)  
802 East 7th (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Laura Reddig  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6, 1881  
 7. AGE YEARS 57 MONTHS 11 DAYS 20 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dispatch  
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad  
 10. Date deceased last worked at this occupation (month and year) 9-26-39 11. Total time (years) spent in this occupation 30 yrs  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black River, Maryland

FATHER 13. NAME Christopher Reddig  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shippensburg, Pennsylvania  
 MOTHER 15. MAIDEN NAME Catherine Frank  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shippensburg, Penn

17. INFORMANT (ADDRESS) Mrs Laura Reddig  
Trinidad, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 9-30-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Jones Home  
Trinidad, Mo

20. FILED 9-30 1939 Jane D. Fair Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1939, to Sept 26, 1939  
 I last saw him alive on Sept 26, 1939 Death is said to have occurred on the date stated above, at 9 p.m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
946

Date of onset about Sept 26, 1939

Other contributory causes of importance: Arterio Sclerosis

Post Mortem

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) E. A. Duffly, M. D.  
Trinidad, Mo (Address)

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.

JAN 3 1947

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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

*Robert B. Deane*

Registered Apprentice No. *212*....., working under my personal supervision.

Signed.....

*Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address

*Frenton, Mo.*

**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.**