

FILED JAN 9 1947

State File No. _____

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrenton (Rural) Elkhorn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community most of life years, months or days)

3. (a) PRINT Herman William Redeker
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Maggie Spoede Redeker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 24 If less than one day
_____ hr. _____ min.

9. Birthplace Morrison Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Redeker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred C. Giesler

(b) Address R.F.D. Warrenton, Mo.

17. (a) Burial (b) Date thereof 12-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 12/30/46 (b) Mrs. Fred Marney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Warrenton (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1946 hour 8:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 29
1946 to Dec. 29 1946
that I last saw him alive on Dec. 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration few minutes
Due to Chronic Myocarditis 1 yr.

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: 93D
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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature Walter H. Giesler (M. D. or other) _____
Address Warrenton, Mo. Date signed 12-30-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

42150

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-8-47

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 *John Sheling*
Licensed Embalmer No. *3897*
P. O. Address *Warrenton, 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, fact should be so stated above.