

No. 2
-12-45
-17-39
I X47020

FILED JUL 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6097**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(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)

3. (a) PRINT FULL NAME **Infant Redler**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JUNE 24 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 5 hr. min.

9: Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

12. Name **Harry M. Redler**
13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Beatrice Doischman**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Redler**

(b) Address **7240 Tulane**

17. (a) **Burial** (b) Date thereof **6/26/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beth Ham Hag**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson Avenue**

19. (a) **JUN 26 1947** (b) **J. A. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7240 Tulane**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25**
year **1947** hour **2** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **June 24, 1947**
_____ 19 _____ to **June 25** 19 **47**
that I last saw her alive on **June 25** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **intracranial hemorrhage**

Due to **intracranial asphyxia**

Due to _____
Other conditions **1600**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **Subdural hemorrhage**

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) (c) Means of injury _____

23. Signature **J. A. Brudeck** (M. D. or other) _____
Address **4500 Olive St** Date signed **6/26/47**

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

MOTHER, FATHER

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

David Auding
.....
Licensed Embalmer No. 4229

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, fact should be so stated above.