NOV 28 1932

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

Do not use this space.

33335

1. PLACE OF DEATH

County _St Charles Mo._ Registration District No. _757_ File No. _____

Township _____ Primary Registration District No. _59983036_ Registered No. _151_

City _St Charles_ (No. _1110_ _N Benton_ St. _____ Ward)

92 4 8

2. FULL NAME _Mary Redell_

(a) Residence, No. _1110 N Benton Ave._ St., _4th_ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Female_

4. COLOR OR RACE _White_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Widowed_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Mathias Redell_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _May 5th 1862_

7. AGE YEARS _70_ MONTHS _5_ DAYS _5_ If LESS than 1 day, ____hrs. or ____min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _At Home_

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) _St Charles County Mo_

FATHER

13. NAME _Casper Brunstein_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Germany_

MOTHER

15. MAIDEN NAME _Dont Know_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Germany_

17. INFORMANT (ADDRESS) _Wm M Redell 725 Adams St St Charles Mo_

18. BURIAL, CREMATION, OR REMOVAL _St Peters Cemetary_ PLACE _St Charles Mo_ DATE _Oct 25_ 1932

19. UNDERTAKER (ADDRESS) _H C Dallmeyer & Sons Co St Charles Mo_

20. FILED _Oct 25_ 1932 _Hy G Bloebaum_ Registrar.

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Oct 22nd_ 1932

22. I HEREBY CERTIFY, That I attended deceased from _Aug 15_, 1932, to _Oct 22nd_, 1932

I last saw her alive on _Oct 22 1932_, 19____ Death is said to have occurred on the date stated above, at _6:30 P.m._

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis

Date of onset _____

Other contributory causes of importance:

Chr Nephritis

Name of operation _None_ Date of _____

What test confirmed diagnosis? _Physical_ 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) _Dr _____, M. D.

(Address) _2nd _____ St Charles Mo_