

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space. 0

FEB 16 1938

File No. **4101**

1. PLACE OF DEATH
 County St. Louis, Mo. Registration District No. 96
 Township Jefferson Primary Registration District No. _____
 City Richmond Heights (No. St. Marys Hospital) Registered No. 139
 St. _____ Ward _____

2. FULL NAME Bernard Benjamin Rhedans, 352,
 (a) Residence, No. 115 E. Monroe St. _____ Ward Kirkwood, Mo.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-18 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Lousa Rhedans (OR) WIFE OF _____

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1866

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5.55 a.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>2</u>	<u>7</u>	

Railroad accident. Struck by railroad locomotive while operating private automobile at a grade crossing.

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

other contributory causes of importance: fractured skull

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) Germany

13. NAME Antion Rhedans

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) 1109 Lawn Ave, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 1-21 1938

19. UNDERTAKER (ADDRESS) Louis H. Bopp, Kirkwood, Mo.

20. FILED 1-20 1938 T. R. Meyer, M.D., St. Louis, Mo. Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 1/14 1938

Where did injury occur? Richmond Heights, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by locomotive
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) John C. Conell M. D.
 (Address) Coroner, St. Louis Co.

Date of onset 1/14/38
1/14/38

