DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34648

Registration District No. 791 1003 Primary Registration District No. Registrar's No. 9186

1. PLACE OF DEATH:

(a) County City Hospital NOV 1 4 1939

(b) City or town St Louis (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 2 (Specify whether In this community years, months or days) one day. 2 21

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1 (b) County

(c) City or town St Louis. (If outside city or town limits, write "RURAL") 11

(d) Street No. 3933 Delmar. Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? No Physician in Attendance years.

3. (a) PRINT FULL NAME JOEL WALTER REDECKER

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-4351

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtel

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 25 1898 (Month) (Day) (Year)

8. AGE: 41 Years | Months 5 | Days 1 | If less than one day hr. min

9. Birthplace Kankakee Ill (City, town, or county) (State or foreign country)

10. Usual occupation Chaffeur

11. Industry or business

FATHER
12. Name William Wardale ~~[illegible]~~
13. Birthplace Chicago. Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lottie May Arsenau
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. L. M. Merritt

(b) Address 3933 Delmar st

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 10-28-39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edw T. Howard & Sons

(b) Address 4210 St Louis ave

19. (a) OCT 27 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26 year 1939 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Pending 108

Major findings:
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 Alfred Nerv (M. D. or other) 1

Address Deputy Coroner Date signed 10.26.39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 I X19511 . WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Rex C. Campbell

Licensed Embalmer No. 3881 City #17

P. O. Address St Louis 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.