

1945 DEC 13 1945

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

42051
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 125
 (b) Township St. Louis Primary Registration District No. 3009 Registered No. 417
 (c) City St. Louis (d) Street No. 20 South Hanover St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NORMAN D Redwine
 (a) Residence, No. 20 So Hanover St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 - 1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>7</u>	<u>1</u>	<u>6</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as 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) Russellville Mo.

FATHER

13. NAME Gerald Redwine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Ark.

MOTHER

15. MAIDEN NAME Maudie Sawyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson City Mo.

17. INFORMANT (ADDRESS) Gerald Redwine Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Center DATE 12-13 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brinkley Howell Cape Girardeau Mo.

20. FILED 12-17 1945 Jim Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1940

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Hereby state that Norman Dean Redwine death was caused by
labor's pneumonia.

Other contributory causes of importance: 108

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) M. Byler Health Commissioner of Cape Girardeau Co., Mo.
 (Address) Sturgeon County
CAPE GIRARDEAU Mo.

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.

1 X1565

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.....

Licensed Embalmer No.....

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, above space should be left blank.