No. 2
M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4118

State File No. 0

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 237

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 days (Specify whether years, months or days)
In this community 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 8a
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6021 Hampton. 9
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME REIDEL, Fred J.
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy C. Reidel
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased November (Month) 16 (Day) 1891 (Year)
8. AGE: Years 54 Months 2 Days 4 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Police Officer
11. Industry or business --
FATHER 12. Name Julius Reidel 11
FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country) 7
MOTHER 14. Maiden name Frieda Lynn
MOTHER 15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.
18. (a) Signature of funeral director John L. Zegenlow
(b) Address 7027 Gravois Ave.
19. (a) 1-24-46 (Date received local registrar) (b) E. M. Gavan (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1946 hour 6:40 minute P. M.
21. I hereby certify that I attended the deceased from November 6, 1945 to January 20, 1946 that I last saw him alive on January 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CANCER OF PANCREAS	
WITH METASTASIS TO THE LIVER.	Unknown
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations Celiotomy & Cholecystogastrostomy 9/6/45 (previous hospitalization).
Of autopsy No 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) No.
(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? (Means of injury)
23. Signature HARVEY E. SISK, Major, M.C., (M. D. or other)
Acting Clinical Director.
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 1/21/46

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

707 (Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland, 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, fact should be so stated above.