. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1946

State File No. 27551

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Hillsboro Mo. Rural
(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 ..... (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Hillsboro Mo R 1 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Frank Redecker

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Dippel

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

7. Birth date of deceased January (Month) 18 (Day) - 1873 (Year)

8. AGE: Years 73 Months 6 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Frank Redecker
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Minnie Paule
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Roscoe Redecker
(b) Address Hillsboro Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 7 (Day) 1946 (Year)
(c) Place: burial or ~~cremation~~ Dippel Cem. Sandy Mo.

18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.

19. (a) Aug 7 1946 (Date received local registrar) (b) Clara Biswas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1946 hour 6 minute 45 a. M.

21. I hereby certify that I attended the deceased from June 15, 1946 to Aug 5, 1946
that I last saw him alive on Aug 3, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	3 days
Due to generalized paralysis	2 weeks
Due to cerebral paresis #	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) 0

While at work? ..... (e) Means of injury .....

23. Signature Dr Emmett Benn (M. D. or other) MD

Address Herculaneum, Mo Date signed 8/6/46

142 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-175
Date Filed 8-17-46

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 A H Wingard

Licensed Embalmer No. 3010

P. O. Address Jefferson 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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27-57

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 59

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Redecker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 18 (Day) 1873 (Year)
8. AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to Senile Paresis
Due to
Other conditions
(Include pregnancy within 3 months of death)
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 Emmett Dunn M. D. or other
Address Kennett, Mo Date signed 10/3/46

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

162A

26890

Q
No.