V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40095

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11064

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Warrenton 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? N.R. 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thekla Marie Redeker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Redeker

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October (Month) 9 (Day) 1881 (Year)

8. AGE: Years 66 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Herman Krauschner

13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Clara Steffen

15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Cora DuHadway

(b) Address 3709a Shreve Avenue.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/47 (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) DEC 2 - 1947 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th year 1947 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from 5/7/47, 19..., to 11/29/47, 19..., that I last saw her alive on 10/27, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death malignant spinal cord tumor (fibrosarcoma) — Duration 1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Spinal cord tumor 5/13/47

Of autopsy

PHYSICIAN — Underline the cause of 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 [illegible] (M. D. or other)

Address Beaumont Med Bldg Date signed 12/1/47

Jefferson City Printing Co.

(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 John S. Dennehy

Licensed Embalmer No. 4194 J

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, fact should be so stated above.