

State File No. ....

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 222

1. PLACE OF DEATH COLE  
(a) County Jefferson City Mo  
(b) City or town Jefferson City Mo  
(c) Name of hospital or institution St Marys Hospital  
(d) Length of stay: In hospital or institution 17 days  
In this community life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Marion  
(c) City or town Argyle Mo (Rural)  
(d) Street No. 0  
(e) Citizen of foreign country? 1

3. (a) PRINT FULL NAME Bartholomew M. Redel  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 22  
year 1948 hour 11 minute 40 P.M.  
21. I hereby certify that I attended the deceased from 5 January 1948 to 22 January 1948  
that I last saw him alive on January 22 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single widowed, married, divorced 0  
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased June 18 1919

Immediate cause of death Massive Cerebral damage & laceration of brain  
Due to skull fracture  
Due to Trauma  
Other conditions 1860  
Major findings: 11

8. AGE: Years 28 Months 7 Days 4 If less than one day hr. min.  
9. Birthplace Vienna Mo Mo  
10. Usual occupation Farmer

PHYSICIAN  
Major findings: Of operations.....  
Of autopsy Cerebral Laceration & Skull fracture  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business.....  
12. Name Henry Redel  
13. Birthplace Osage Co. Mo  
14. Maiden name Anna Meyer  
15. Birthplace Osage Co. Mo  
16. (a) Informant Paul Redel  
(b) Address Argyle Mo  
17. (a) Burial (b) Date thereof 1-26-1948  
(c) Place: burial or cremation Vienna Mo  
18. (a) Signature of funeral director W. Cunningham  
(b) Address Vienna Mo  
19. (a) 1-23-48 (b) W. P. Baker

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 68  
(b) Date of occurrence Jan 5-1948  
(c) Where did injury occur? Argyle Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm - fell from 35 ft.  
While at work yes (Specify type of place) (c) Means of injury pile  
23. Signature W. Olesman (M. D. or other) MD.  
Address Jefferson City, Mo. Date signed 1/23/48

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

APR 6 1948

Date Filed 1-28-48

Number of

District Officer No. 9

FEB 25 1948

RECEIVED

FEB 2 - 1948

AUG 20 1948

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.

AUG 13 1948

Signed *A.C. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Vienna, 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.