

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2477**  
Registrar's No. **39**

FILED JAN 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>		c. CITY OR TOWN <b>Saint Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>223 North Fourth St. 0925</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Saint Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Fred C. Redell, Sr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 19, 1891</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR: Months <b>5</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>H.C. Dallmeyer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Charles Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Casper Redell</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Brumstein</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Schwanne</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>489-16-9277</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. F.C.Redell, Saint Charles, Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral renal calculi</b>		<b>3 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension 60/20</b>		<b>1 year</b>	

19a. DATE OF OPERATION <b>1/5/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Renal calculi - pyelonephritis</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/31, 1955**, to **1/17, 1956**, that I last saw the deceased alive on **1/16, 1956**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. W. Fordham, M.D.</b>	23b. ADDRESS <b>206 Washington St. St. Charles, Mo.</b>	23c. DATE SIGNED <b>1/18/56</b>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 20, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Borromeo Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>

DATE REC'D BY LOCAL REG. <b>Jan 18 1956</b>	REGISTRAR'S SIGNATURE <b>Francis Hammett</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.C. Dallmeyer &amp; Son, St. Charles, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 7 1957

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**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Frank R. Malone*  
Licensed Embalmer No..... *78*  
P. O. Address..... *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.