MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38174

File No. 10803

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 5321 Delmar St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Bedelia M Higgins

(a) Residence. No. St. 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Francis S Higgins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Daniel Kelly

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Connor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Ralph Niedringhaus
(Address) 5321 Delmar Blvd

15. FILED DEC -2 1927, 19 Mayb Starkoff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-1 1927

17. I HEREBY CERTIFY, That I attended deceased from 11/29, 1923, to 12-1, 1927, that I last saw h. alive on 12-1, 1927, and that death occurred, on the date stated above, at 7.40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia

7 DC

10 D (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypostatic Chf (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 10 D

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Clarence Crum, M. D.

, 19 (Address) Wellston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary — DATE OF BURIAL 12-3 1927

20. UNDERTAKER Arthur J Donnelly — ADDRESS 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

R. Bhu H Eyerman
Mo Thrift. Hen

Jeff 5191
1 30 pm