WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 25 1932

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

Do not use this space.

6014

1. PLACE OF DEATH
96 County St. Louis — Registration District No. ..... — File No. .....
2 Township Central — Primary Registration District No. 6014 — Registered No. .....
7 City Clayton (No. St Louis County Hosp. St. ..... Ward)

2. FULL NAME Theodore F. Bedford

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (~~OR WIFE OF~~) Mary Bedford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4 1881

7. AGE — YEARS 51 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Instalation Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri District Telegraph 111
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

FATHER
13. NAME Geo. Bedford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Lizzie Strodtman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Mary Bedford 1510 E. Grand St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cem DATE 2-17- 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister N & L Co 7414 S. Broadway

20. FILED Feb. 16, 1932 R. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.04 P.m.
The principal cause of death and related causes of importance were as follows:

Struck by automobile while a pedestrian on public highway 2.00 P.m. — Date of onset 2/14/32

Other contributory causes of importance: Fractured skull, multiple fractures of legs (5) — 2.00

Name of operation None — Date of .....
What test confirmed diagnosis? Physical signs — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 2/14, 1932
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Struck by automobile
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) John O'Connell, M. D.
(Address) Coroner of St Louis County