

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

Do not use this space.

41587

**1. PLACE OF DEATH**

96 County Saint Louis Registration District No. 1170 File No. \_\_\_\_\_  
 7 Townshp \_\_\_\_\_ Primary Registration District No. 6248 Registered No. 250  
 7 City Richmond Mo (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Rev. John M. Hedderman

(a) Residence, No. 3874 Flad Avenue St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-32 19\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_, to 12-3-32, 19\_\_

I last saw him alive on 12-3-32, 19\_\_ Death is said to have occurred on the date stated above, at 11 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1894

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>38</u>	<u>2</u>	<u>26</u>		

Prouche. Trusemme  
Dilated Dilatation Heart  
10/3/32  
 Other contributory causes of importance: General Contracture - Intole - Ruptured Coronary of Legum  
Drainage Abdom

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Clergy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Catholic Priest

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri (STATE OR COUNTRY)

13. NAME John M. Hedderman

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Cosgrove

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Emily M. Hedderman (ADDRESS) 4028 Shaw Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 12-7-32, 19\_\_

19. UNDERTAKER Thos J. Finnan (ADDRESS) 1519 S. Grand Boulevard

20. FILED Dec 5 19\_\_ Robt J. Ambrose Registrar.

Date of onset \_\_\_\_\_

Name of operation Drainage Abdom Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) Wm. G. Cooney, Jr., M. D.

(Address) Community Club Bldg

JAN 5 1933

STATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 3 1967

1511 1-2-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31