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.

AUG 18 1936

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

Do not use this space.

28685

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 7451

2. FULL NAME Joseph A. Hedges

(a) Residence, No. 4476 Wilcox St., 15 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Hedges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 19, 1866

7. AGE: Years 70 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Builder

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

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): Osborne Ohio

FATHER

13. NAME: David Hedges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs. Rhea Fisher 4476 Wilcox Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Park DATE July 18, 1936

19. UNDERTAKER (ADDRESS): Wercks Bros 2201 So. Grand Bl.

20. FILED JUL 16 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1936, to July 14, 1936

I last saw him alive on July 14, 1936. Death is said to have occurred on the date stated above, at 6:25 A.m.

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

Date of onset

Urinary Retention due to prostatitis, followed by Kidney infection (coli-sepsis)

Hypertrophy of Prostatis

Cancer of Prostatitis

Other contributory causes of importance:

Arteriosc. degenerative heart disease

Bronchopneumonia.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) Dr. Herman J. Rosenfeld, M. D.

(Address) 601 Metropolitan Bldg. St. Louis Mo.