

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.

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

Do not use this space. 0 ✓

OCT 1 1936

32277

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City Overland Mo. (No. 9509) (St. Overland Ward)

File No. _____
Registered No. 268

2. FULL NAME

Charles Hediger
(a) Residence, No. 9509 Overland Mo. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 54 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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 - 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Hediger

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1936, to Aug 26, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1878

I last saw him alive on Aug 26, 1936 Death is said to have occurred on the date stated above, at 11:17A.m.

7. AGE YEARS 57 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Bilateral Tuberculosis - Subminuting Date of onset Sept 1935

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) May 1936 11. Total time (years) spent in this occupation 20

Myocarditis 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Other contributory causes of importance: _____

13. NAME Carl Hediger

Name of operation None Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME - Don't Know

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

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

17. INFORMANT Susan Hediger (ADDRESS) 9509 Overland Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Dahlgreen Ill DATE Aug 29 1936

Manner of injury _____

19. UNDERTAKER Al C. Ostmann (ADDRESS) 9222 Overland Mo.

Nature of injury _____

20. FILED 8-27 1936 W. Baehner Registrar.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Herman J. Clocker M. D. (Address) 19621 Overland, Mo.

