96 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County ST LOUIS — Registration District No. 785 — File No. 24821
Township BONHOMME — Primary Registration District No. 6031 — Registered No. 79
City MANCHESTER (No. MANCHESTER NURSE HOME Ward)

2. FULL NAME STANLEY HEDRICK
(a) Residence, No. ..... St., ... Ward. Montauk, Mo.
(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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Hedrick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8 - 1874
7. AGE: YEARS 63 — MONTHS — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Miner
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): Montauk, Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Lyle Hedrick, 4074 Quincy St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Odin, Ill. DATE: 6-20-1937
19. UNDERTAKER (ADDRESS): Baumann Bros Inc. Overland, Mo.
20. FILED: 6-18 1937 Agnes C Kelly, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937, to June 17, 1937
I last saw him alive on June 16, 1937. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (auricular fibrilation)	
Subacute cystitis	
Chronic nephritis	

Other contributory causes of importance: Toxemia.

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Name of operation: none — Date of
What test confirmed diagnosis? Physical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no
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? no
If so, specify
(Signed) B.R. Loving, M. D.
(Address) Ballwin, Mo.

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

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