REC'D JUN 9 1938

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

17114
Do not use this space.

Registration District No. 701
Primary Registration District No. 1003
Registered No. 4975

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Hedley 94 1
(a) Residence, No. 4383a Forest Park St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Edna Hedley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11, 1912

7. AGE: Years 25 | Months 11 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: truck driver
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davisville, Mo. 0

FATHER
13. NAME: J. W. Hedley 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 0

MOTHER
15. MAIDEN NAME: Lizzie Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co., Mo

17. INFORMANT: Ida Hedley Ida Hedley
(ADDRESS) 4383a Forest Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steelville, Mo DATE 6/2/38, 19

19. FUNERAL DIRECTOR (NAME) Alexander & Sons
(ADDRESS) 6175 Delmar

20. FILED MAY 31 1938 J. D. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-30-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-11-, 1938, to 5-30-, 1938
I last saw h. alive on 5-30-, 1938. Death is said to have occurred on the date stated above, at 12 m.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
aplastic anemia	1934
Organism not determined	

Other contributory causes of importance:

otitis media, bilateral	5/17/38
Bronchopneumonia	5/26/38
mastoiditis, right, acute	5/21/38

Name of operation 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?
If so, specify
(Signed) C. H. Smith, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Self

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. Wm Bentley

Licensed Embalmer No. 3633

P. O. Address Saint Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.