

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

Registration District No. 784

Primary Registration District No. 200

State File No. _____

Registrar's No. 1524

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pasadena Hills
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Pasadena Hills
(If outside city or town limits, write "RURAL")

(d) Street No. 7638 Forest View
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JOHN S HEDGES 322

3. (b) If veteran, name war no

3. (c) Social Security No. Government employee

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise Thompson Hedges

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 4 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1939 hour 2 minute 30 p.m.

21. I hereby certify that I attended the deceased from JUNE 17
1939 to Aug 27, 1939,
that I last saw him alive on JUNE 17, 1939,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>11</u>	<u>23</u>	hr. _____ min.

Immediate cause of death _____

Due to Myocarditis chronic 3 mo

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Postal Clerk

11. Industry or business U. S. Post Office Dept. /

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Louise Hedges

(b) Address 7638 Forest View

17. (a) burial (b) Date thereof 8-30-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon

18. (a) Signature of funeral director A. K. Brown L. O. Co

(b) Address 2707 North Grand Bl.

19. (a) AUG 28 1939 (b) AR Meyer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

28. Signature A. K. Brown (M. D. or other) _____

Address 4963 St. Clair Date signed 8/28/39

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Paul F. Krollenberg

Licensed Embalmer No. *2631*

P. O. Address *2707-N Swan*

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

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