S. No. 2
M—2-43
5-17-39
1 X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32535

FILED OCT 9 1943

Registration District No. 1943 Primary Registration District No. 6076 Registrar's No. 2217

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 160 Military Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: St. Louis 096

(c) City or town: Lemay
(If outside city or town limits, write "RURAL")

(d) Street No.: 9500 Longwood
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: SUSAN HEDTKAMP

3. (b) If veteran, name war: ——

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Adrian Hedtkamp

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: February (Month) 26 (Day) 1895 (Year)

8. AGE: Years 48 Months 7 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: at home

11. Industry or business: ——

FATHER
12. Name: John Long
13. Birthplace: (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Bertha Hoge
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mr. Adrian Hedtkamp--husband
(b) Address: 9500 Longwood, Lemay, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10-2-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Peter & Paul Cemetery

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7814 South Broadway, St. Louis, Mo.

19. (a) 10-2-43 (Date received local registrar) (b) C. H. McSharry, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1943 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 9, 1943, to Sept 29, 1943 that I last saw h[illegible] alive on Sept 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	2 yr.
Due to: —	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Roy Schlinkert (M. D. or other) Jr M.D.
Address: 7784 Ravenwood Date signed: 9/29/43

(Licensed Embalmer's Statement on Reverse Side)

6;30 to 8 P.M.
No hours Thursday.

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

Paul A. Shanklin, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 781 450 Broadway

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

If this body is not embalmed, fact should be so stated above.