

FILED AUG 25 1944 318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12:05 A.M. - 8-15-44
7 P.M. - 8-15-1944
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1202 A Russell Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Lois Mae Hedrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Mar 27 1941
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Raymond Hedrick

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Arnold

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) Burial (b) Date thereof 8/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Tom E. Maydell

(b) Address 1926 Allen Ave.

19. (a) AUG 16 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1944 hour 7 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from August 15 1944 to August 15, 1944; that I last saw her alive on August 15, 1944, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Acute meningitis 23 hrs.
Type meningococcus

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? _____

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

23. Signature James M. Love (M. D. or other) _____
Address 5600 Arsenal Date signed _____

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

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 me

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

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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.