S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10994 SC

FILED APR 23 1945

Registration District No. 8 Primary Registration District No. 1 Registrar's No. 3252

1. PLACE OF DEATH:
(a) County ST LOUIS MO
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ISOLATION HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 12-8-44 4-10-45 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 1068 000
(a) State MO (b) County 17
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 23
(d) Street No. 1515 LAFAYETTE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY BEDFORD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY 29 (Month) (Day) 1888 (Year)
8. AGE: Years 56 Months 8 Days 12 If less than one day hr. min.
9. Birthplace MISSOURI (City, town, or county) A (State or foreign country)
10. Usual occupation ELEVATOR OPERATOR
11. Industry or business
FATHER 12. Name JOSEPH BEDFORD
13. Birthplace IND (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY OLDHAM
15. Birthplace IND (City, town, or county) (State or foreign country)
16. (a) Informant NELLIE HARRIS
(b) Address 5600 ARSENAL
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker's Cemetery
18. (a) Signature of funeral director Wacker Helderle & Co
(b) Address 2634 Gravois Ave
19. (a) APR 12 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 10 year 1945 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from Dec 8 44 APRIL 10 1945 to 19 ; that I last saw him alive on APRIL 10-45 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death tuberculosis, Pulmonary — Duration
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 R. W. Maxwell LEEB (M.D. or other)
Address 5600 Arsenal Rd Date signed 4-10-45

(Licensed Embalmer's Statement on Reverse Side)

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 Frank [illegible]

Licensed Embalmer No. 2645

P. O. Address [illegible]

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.