S. No. 2
0M—2-43
v. 5-17-39
I X35897

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

FILED OCT 13 1945

State File No. 31448

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2341

1. PLACE OF DEATH

(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours (Specify whether
In this community 40 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4039 Delmar 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse A Hedger
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucille
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased FEB 1 (Month) 23 (Day) 1878 (Year)

8. AGE: Years 67 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Galeton (City, town, or county) Ill (State or foreign country)
10. Usual occupation Retier
11. Industry or business
FATHER
12. Name unknow
13. Birthplace unknow (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknow
15. Birthplace unknow (City, town, or county) 9 (State or foreign country)
16. (a) Informant Edward Hedger
(b) Address 3944 Washington ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 9 (Day) 45 (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2205 St Louis ave
19. (a) 10-9-45 (Date received local registrar) (b) E. G. McGovran MD (Registrar's signature) 7 yr

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th year 1945 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10-4-45, 19__, to 10-4-45, 19__; that I last saw him alive on 10-4-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Valvular Heart Disease	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92d

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 J. Phil Bardenheuer (M. D. or other) MD
Address 3903 Olive St St Louis Mo Date signed 10/5/45

(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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.