

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31678

State File No. _____

FILED NOV 2 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3220

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution Firmin Desloge Hospital
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5939 Plymouth
(If rural, give location)

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

3. (a) PRINT FULL NAME William J. Bedford

3. (b) If veteran, name war _____

3. (c) Social Security No. 3-2-3

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Bedford

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 19, 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 4
If less than one day hr. min.

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

10. Usual occupation Retired Years 3

Industry or business Railroad Agent

11. Industry or business _____

12. Name William Bedford

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

14. Maiden name Mary Walsh

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

16. (a) Informant Mrs. Mary Bedford

(b) Address 5939 Plymouth

17. (a) Burial (b) Date thereof 10/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 5322 S. Grand Blvd.

19. (a) OCT 25 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1945 hour 9:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from 10/21 1945 to 10/23 1945
that I last saw him alive on 10/22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 5 days

Due to Internal Hemorrhage ?
(In Gastrointestinal tract?)

Due to ?

Other conditions Hypertensive Vascular Disease ?
(Include pregnancy within 6 months of death)

Major findings: 950

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 E. Lee Shrader (M. D. or other) _____
Address 3720 Washington Date signed 10/25/45

Mr. [unclear]
[unclear]

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 *Elmer R. Godwell*

Licensed Embalmer No. *4077*

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.