V. S. N
M—12-45
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I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38168

Primary Registration District No. 2002

Registrar's No. 3246

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
7530 SHAFTSBURY
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. L 91

(c) City or town UNIVERSITY CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7530 SHAFTSBURY 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MARY MILDRED HEDGES

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife —

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

7. Birth date of deceased FEB (Month) 28 (Day) 1863 (Year)

8. AGE: Years ~~83~~ 77 Months ~~8~~ 8 Days ~~7~~ 7 If less than one day ..... hr. ..... min.

9. Birthplace ST. GENIEVE Co (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation NIL

11. Industry or business .....

FATHER
12. Name GEO UNDERWOOD
13. Birthplace ..... (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name ELIZ BEARD
15. Birthplace ..... (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Mrs. Yenta Murphy
(b) Address 7530 Shaftsbury - N. City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemty

18. (a) Signature of funeral director Louis H Bopp, Inc
(b) Address Kirkwood Mo.

19. (a) 11-8-46 (Date received local registrar) (b) Ruth J Alley MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1946 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1946, to Nov. 5, 1946
that I last saw her alive on Nov. 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive heart disease

Due to Hypertension 93

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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 2

23. Signature Dr Joseph H. Tomei (M. D. or other) D.O.
Address 7903 Forsythe Blvd Date signed 11/5/46

(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 Peter B. Dubroullet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.

V. S. M
500—4-25-41
I X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7530 Shaftsbury
(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
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7530 Shaftsbury
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Mildred Hedges
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive year
7. Birth date of deceased Feb. (Month) 28 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
77	8	7	

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Gerta B. Murphy
✓ (b) Address 7530 Shaftesbury Ave
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

38168