V. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22305

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6037

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

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 Luthera n Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3012 Ohio Ave. 9
(If rural, give location)
24
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Miss Maude Hedges
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 19th. 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 3 If less than one day hr. min.
9. Birthplace Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name John Hedges
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Zinesia Mckinney
15. Birthplace Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant William H. Walker
(b) Address 1067 Wilson Ave-UC
17. (a) Burial (b) Date thereof 6-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JUN 23 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1947 hour 2:30 PM. minute M.
21. I hereby certify that I attended the deceased from october 1946 to June 22 1947;
that I last saw her alive on June 22 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	3 wks
Due to Degenerative heart disease	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93

PHYSICIAN
Underline the cause of 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 0
23. Signature Ramesbaum (M. D. ~~or other~~)
Address 3651 Grandel Sq Date signed 6-23-47

Jefferson City Printing Co. (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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave

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.