. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 1003

Primary Registration District No.

State File No. 10263

Registrar's No. 2483

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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 1424a Cole St
(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 Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1424a Cole St 9
25 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARTY HEDGMAN
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M2
5. Color or race C
6. (a) Single, widowed, married, divorced Cl 100
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased NOV. (Month) 19 (Day) 47 (Year)

8. AGE: Years | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name James Hedgman
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Jennett Herd
15. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Jennett Hedgman
(b) Address 1424a Cole St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk
18. (a) Signature of funeral director W. F. Walter
(b) Address 2707 E Goddard
19. (a) MAR 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11
year 48 hour 6 minute 55 A 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.

	Duration
Immediate cause of death Bronchi Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 3
23. Signature Patrick E Jungle (M. D. or other)
Address Date signed 3/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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 A. F. Walton

Licensed Embalmer No.....

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.