

FILED JUN 28 1948

STANDARD CERTIFICATE OF DEATH

State File No.

20951

5486

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (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:
St. Mary's Infirmary.
 (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)

3. (a) PRINT FULL NAME: Marie A. Hedgemon.

3. (b) If veteran, name war..... None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife..... Dead. 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: November 23, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 22 hr. min.

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

10. Usual occupation: Housework

11. Industry or business: Home

12. Name: J. P. Hubbard.

13. Birthplace: Baton Rouge, La.
 (City, town, or county) (State or foreign country)

14. Maiden name: Margaret Turner

15. Birthplace: Glasgow, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant: Ioda Johnson

(b) Address: 2844 St. Louis, Ave.

17. (a) Burial (b) Date thereof: 6/18/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter's Cemetery

18. (a) Signature of funeral director: C. W. Roberts

(b) Address: 1416 N. Taylor Ave.

19. (a) J. T. Brodeck
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... Wood
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2844 St. Louis Ave.
20 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
 year 48 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from June 1
 1948 to June 15, 1948;
 that I last saw her alive on June 15, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Occlusion Duration

Due to..... Hypertension

Due to.....

Other conditions..... PH
 (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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature: W. J. [unclear] (M. D. or other)

Address: 2337 Market Date signed: 6/16/48

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.....

Amie Roberts

Licensed Embalmer No. *4439*

P. O. Address *1416 N. Taylor*

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.