No. 300
10-48

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3326

State File No. 684

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo.
c. LENGTH OF STAY (in this place) **
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute to City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maplewood
d. STREET ADDRESS (If rural, give location) 7166 Lindover Pl.

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) N
c. (Last) Tedford

4. DATE OF DEATH (Month) (Day) (Year) Jan 22, 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Nov. 29, 1915
9. AGE (In years last birthday) 33 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Expeditor
10b. KIND OF BUSINESS OR INDUSTRY McDonald Air Craft
11. BIRTHPLACE (State or foreign country) Macon Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William E. Tedford
13b. MOTHER'S MAIDEN NAME Hazel F. Nichols
14. NAME OF HUSBAND OR WIFE **

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Elmer J. Widen — ADDRESS 7166 Lindover Pl.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull; Internal Hemorrhage; suffered when deceased

ANTECEDENT CAUSES — DUE TO (b) jumped from window of room 1208 at the Mark Twain Hotel 116 No

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) 8th St & fell onto roof of 3 story building at 710 Pine St on Jan 22 1949 at about 12:35 pm

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Suicide while suffering from Temporary Mental Aberration
20. AUTOPSY? Yes No

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 22 49 12:35 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 8 Ch 8

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 12:35 p.m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Quinn (Degree or title) Deputy Chief
23b. ADDRESS 1200 Clark
23c. DATE SIGNED 1/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 25, 1949
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis Mo. (State)

DATE REC'D BY LOCAL REG. JAN 24 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons — ADDRESS 6175 Delmar Blvd,

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1949

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6125 P.[illegible]

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.