

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21730**  
Registrar's No. **5046**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>6 Days</b>		<b>2269</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>823 Madison Street</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>Douglas</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Bedwell</b>	<b>June 2, 1952</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April, 9, 1942</b>	9. AGE (In years last birthday) <b>10</b>	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) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>George E. Bedwell</b>		13b. MOTHER'S MAIDEN NAME <b>Ethel Bostic</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. George E. Bedwell, 823 Madison St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolus</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>fractured thoracic vertebrae</b>			
		DUE TO (c) <b>incompatible with life</b>			
II. OTHER SIGNIFICANT CONDITIONS		Congenital hydrocephalus + cortical atrophy			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>752X</b>	

22. I hereby certify that I attended the deceased from May 27, 1952, to June 2, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Samuel W. Gollub M.D.</b>		23b. ADDRESS <b>4500 Olive St.</b>		23c. DATE SIGNED <b>6/2/52.</b>	
------------------------------------------------	--	---------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 4, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pesky Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Harrisburg, Arkansas</b>	
-------------------------------------------------------------	--	----------------------------------	--	-----------------------------------------------------------------	--	------------------------------------------------------------------------------	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 2 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>	
----------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------	--

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

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

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

*Shew W. Hall*

Student Embalmer No. ....

Licensed Embalmer No. *3737*

P. O. Address *St. Louis, Mo*

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.