No. 300
10-48

FILED FEB 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7627

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1510

0

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (In this place): 12 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 2149

d. STREET ADDRESS (If rural, give location): 14 6401 Chippewa St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): K.
b. (Middle): LUTHER
c. (Last): HEDEEN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1953.

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Mar. 21, 1914 1
9. AGE (In years last birthday): 38 — 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): Pastor
10b. KIND OF BUSINESS OR INDUSTRY: Lutheran Ministry
11. BIRTHPLACE (City and State or Foreign Country): Rush City, Minn. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rev. Erick Hedeen
13b. MOTHER'S MAIDEN NAME: Ida Larson
14. NAME OF HUSBAND OR WIFE: Marjorie Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Marjorie Hedeen, 6401 Chippewa St.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Tumor

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malignant
DUE TO (c):

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

INTERVAL BETWEEN ONSET AND DEATH: 1-2 yrs

19a. DATE OF OPERATION: 1-14-53
19b. MAJOR FINDINGS OF OPERATION: Brain Tumor
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 193X

22. *I hereby certify that I attended the deceased from* 1-5-, 1953, *to* 2-5-, 1953 *that I last saw the deceased alive on* 2-5, 1953, *and that death occurred at* 4:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Woolsey, M.D. 0
23b. ADDRESS: 16 Hampton Village Plaza
23c. DATE SIGNED: 2-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Feb. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Our Redeemer Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: FEB 9 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Beiderwieden F.H.Inc., 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Dean Woolsley

12 Noon Sat.

16 Hampton Vill. Plaza

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 Felix J. Krupkin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.