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

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26465

BIRTH NO. 31183 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 26969

1. PLACE OF DEATH
a. COUNTY: St. Louis, Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
c. LENGTH OF STAY (In this place): 18 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Childrens

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles 0922
d. STREET ADDRESS (If rural, give location): 1000 Jackson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Dirk
b. (Middle): Colin Tod
c. (Last): Hedrick

4. DATE OF DEATH (Month) (Day) (Year): 7 13 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 5-19-53
9. AGE (In years last birthday): If under 1 year: Months 1, Days 23; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Charles Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William S. Hedrick
13b. MOTHER'S MAIDEN NAME: Gunda Bachler
14. NAME OF HUSBAND OR WIFE:
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: J. Egan
ADDRESS: 500 So. Kingshighway

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): Intestinal Adhesions — INTERVAL BETWEEN ONSET AND DEATH:

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

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

19a. DATE OF OPERATION: 5-26-53
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction, low grade peritonitis
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?:

7562

22. *I hereby certify that I attended the deceased from* 5-25, 1953, *to* 7-12, 1953 *that I last saw the deceased alive on* 7-12, 1953 *and that death occurred at* 4:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. Thomas M. D.
23b. ADDRESS: St. Louis Childrens Hosp.
23c. DATE SIGNED: 7-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Crematory
24b. DATE: 7-14-53
24c. NAME ~~OF CEMETERY~~ OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county): St. Louis (State): Mo.

DATE REC'D BY LOCAL REG.: JUL 15 1953
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Prinster-Hughes Funeral Home Inc.
ADDRESS: St. Charles Mo
E. L. Prinster
(Licensed Embalmer's Statement on Reverse Side)

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. Body not embalmed, cremated.

Student .....
Student Embalmer

Signed C. L. Trimble.

Licensed Embalmer No. .....

P. O. Address St. Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.