

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10098**BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2497**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>2039</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis, Mo</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Saint Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3329 McCausland</b>				e. STREET ADDRESS (If rural, give location) <b>3329 McCausland</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>		b. (Middle) <b>M Maness</b>		c. (Last) <b>Hedley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 17 1954</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>9-24-1872</b>		9. AGE (In years last birthday) <b>81</b> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Frumet, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Strickland Maness</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy Mallory</b>			14. NAME OF HUSBAND OR WIFE <b>Ernest Hedley</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>498 07 8196 A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Morris Hedley 2500 Cecelia, Brentwood, Mo.,</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis (Cardiac)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Decide Infirmitatis</b> DUE TO (c) <b>Hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443x</b>			
22. I hereby certify that I attended the deceased from <b>Feb. 13, 1948</b> , to <b>Feb. 22, 1951</b> , that I last saw the deceased alive on <b>Feb. 22, 1951</b> , and that death occurred at <b>4:30 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Abraham T. Quinn M.D.</b>				23b. ADDRESS <b>6917 Fyler, St. Louis, Mo</b>		23c. DATE SIGNED <b>3/18/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-20-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>		
DATE REC'D BY LOCAL REG. <b>MAR 18 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa Street, St. Louis, Mo.,</b>			

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

*Wm. T. Quinn*  
*1917, 1918*

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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.....  
Signature of Student Embalmer

Signed *Harry J. Bohanacher*.....

Licensed Embalmer No. *2679*

P. O. Address *7874 J. Bond*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.