

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3472

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 300 Registrar's No. 16

1004

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

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give town) Manchester, Mo. c. LENGTH OF STAY (In this place) 1 1/2 Yrs.		c. CITY OR TOWN Manchester 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 Manchester Nursing Home.		e. STREET ADDRESS (If rural, give location) RURAL	
3. NAME OF DECEASED a. (First) Thomas		b. (Middle)	
c. (Last) Hederman		4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 20, 1879
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shipping Clerk Railroad	
11. BIRTHPLACE (City and State or Foreign Country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Hederman		13b. MOTHER'S MAIDEN NAME Catherine (Unknown)	
14. NAME OF HUSBAND OR WIFE Della Hederman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nil.	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Burke ADDRESS 8531 Park Lane	
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) Carcinoma of Prostate Gland INTERVAL BETWEEN ONSET AND DEATH 1 yr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. myocarditis INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 177x		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-15, 1954 to 1-4, 1955 , that I last saw the deceased alive on 1-3, 1955 , and that death occurred at 7 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE C. H. Shilima (Degree or title)		23b. ADDRESS Wentworth St. Mo.	
23c. DATE SIGNED 1/5/55		24. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-7-55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
DATE REC'D BY LOCAL REG 1/5/55	REGISTRAR'S SIGNATURE Hebert R. Amberg	25. FUNERAL DIRECTOR'S SIGNATURE Worrell Bros. ADDRESS 4212 St. Louis, Ave.	

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 *Claro R. Padwell*

Licensed Embalmer No. *407*

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