FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23842

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5876

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis 0
c. LENGTH OF STAY (in this place): 10 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis 4
c. CITY OR TOWN: Berkeley
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6310 Washington Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle): ----
c. (Last): Hedge

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1955.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: July 6, 1955
9. AGE (In years last birthday): If under 1 year: Months ___ Days ___; If under 24 hrs.: Hours ___ Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nihel
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and State or Foreign Country): St. Louis 0
12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Samuel Hedge
13b. MOTHER'S MAIDEN NAME: Flora Ezell
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Samuel Hedge, Berkeley, Mo.

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) Prematurity at 6 mo — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 776X

22. *I hereby certify that I attended the deceased from* 7-5-, 1955, *to* 7-6-, 1955, *that I last saw the deceased alive on* 7-6-, 1955, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Clyde B Kane (Degree or title) M.D.
23b. ADDRESS 716 Walton
23c. DATE SIGNED 7-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/7/55.
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: JUL 7 1955
REGISTRAR'S SIGNATURE: J. Earl Smith Jr. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WHITE CHAPEL, FERGUSON, MO.
(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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision.. No Embalm

Student.....
Signature of Student Embalmer

Signed L. M. Shit

Licensed Embalmer No. 3

P. O. Address Perg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.