

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

32632

FILED SEP 27 1956

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2125

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u> c. LENGTH OF STAY (in this place) <u>33 YRS</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u> <u>423 X</u> d. STREET ADDRESS (If rural, give location) <u>928 ARLENE</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>Anna Bedford</u> a. (First) <u>Anna</u> b. (Middle) <u>Bedford</u> c. (Last) <u>Bedford</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>9-8-56</u>
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<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>2-8-1872</u>	<b>9. AGE</b> (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>AT HOME</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>(Unk) KANSAS</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA.</u>
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<b>13a. FATHER'S NAME</b> <u>Unk</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unk</u>	<b>14. NAME OF HUSBAND OR WIFE</b> (DEAD) <u>FRANK BEDFORD</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY</b> <u>48618-4794</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>MRS W. L. HURT</u> <u>9104 DELPHINE</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Organic Heart Disease</u> ANTECEDENT CAUSES <u>Chronic Arteritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 yrs.</u>
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<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from** Aug. 21, 1946 **to** Sept. 8, 1956 **that I last saw the deceased alive on** Sept. 8, 1956, **and that death occurred at** 1:00 p.m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>F. L. Finley, M.D.</u>	<b>23b. ADDRESS</b> <u>9438 Leekland</u>	<b>23c. DATE SIGNED</b> <u>9-9-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>9-10-56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>MT LEBANON</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>PATTONVILLE MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>9-10-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert P. Dowland</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>EARL WILHEMAN</u> <u>OVERLAND MO</u>
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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 \_\_\_\_\_  
Student Embalmer

Signed

*Earl J. Heenan*

Licensed Embalmer No.

*3501*

P. O. Address

*Galena 14 Ill*

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.