

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019484

STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5893

S. 300
v. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFFERSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN High Ridge 6500 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 JEWISH HOSP. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 29 Ridge Drive Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last DAVID MAURICE BIDMEAD | | | 4. DATE OF DEATH Month Day Year 6 6 58 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 17, 1901 |
| 9. AGE (In years last birthday) 57 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY Insurance | 11. BIRTHPLACE (City and state or country) Newent, England 4 |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Bidmead | |
| 13b. MOTHER'S MAIDEN NAME Emily Heaven | | 14. NAME OF HUSBAND OR WIFE Ruth E. Bidmead | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes — R.C.A.F. | | 16. SOCIAL SECURITY NO. — | |
| 17. INFORMANT Mrs. Ruth E. Bidmead | | Address Ridge Dr. High Ridge Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COR PULMONALE DUE TO (b) CHRONIC OBSTRUCTIVE EMPHYSEMA DUE TO (c) 527.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACTIVE DUODENAL ULCER | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 1 - 1958 to 6-6-1958 and last saw her/him alive on 6/5/58 Death occurred at 7:10 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Arlan Cohn M.D. | | 22b. ADDRESS JEWISH HOSP. ST. LOUIS | |
| 22c. DATE SIGNED 6/6/58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | |
| 23b. DATE 6/10/58 | | 23c. NAME OF CEMETERY OR CREMATORY Local Cemetery | |
| 23d. LOCATION (City, town, or county) (State) West Hartford, Conn. | | 24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral 1905 Union | |
| 25. DATE RECD. BY LOCAL REG. JUN 7 '58 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P. | |

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 *Warren G. Carver*

Licensed Embalmer No. *3534*

P. O. Address

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.