

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007203

STATE FILE NUMBER

2 1641

FILED MAR 10 1959

Registration District No. _____ Primary Registration District No. _____

Register No. 1641

300
-57

193
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 6207 W. Park	
3. NAME OF DECEASED (Type or print) First Middle Last Jeremiah Hederman		4. DATE OF DEATH Month Day Year 2-15-59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 6-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Clerk Ret.		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Ireland
10c. CITIZEN OF WHAT COUNTRY? Ireland		12. CITIZEN OF WHAT COUNTRY? Ireland	
13a. FATHER'S NAME Dont Know		13b. MOTHER'S MAIDEN NAME Dont Know	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown)) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. -		17. INFORMANT Thomas McInerney 4401 Ellenwood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Embolism; Subdural Hemorrhage. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS suffered cerebral aneurysm, stroke, operated by Dr. Edw. J. ... of Victoria and Hampton, around			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18) fall from window of Victoria and Hampton, around	
20c. TIME OF INJURY Hour Month, Day, Year 6:00 a.m. 1 19 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, boat, etc.) Street St. Louis Mo	
20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph J. Finan		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 2/16/59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-18-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
24. FUNERAL DIRECTOR Thomas J. Finan 1519 S. Grand		25. DATE RECD. BY LOCAL REG. FEB 16 '59	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

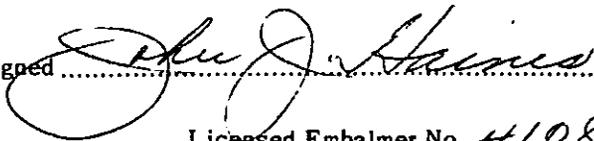
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 4108
P. O. Address *S. Davis, Mo.*

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.