

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011725

STATE FILE NUMBER

FILED APR 6 1959

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

885

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1115 Boland Pl.		Length of stay in lb 20 yrs.	d. STREET ADDRESS (If outside, give location) 1115 Boland Place		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES P. J. LEDWIDGE			4. DATE OF DEATH Month Day Year March 30th 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 20, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6
				IF UNDER 24 HRS Hours 10	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Ledwidge Bass Mach. Co. Machines		10b. KIND OF BUSINESS OR INDUSTRY Business	11. BIRTHPLACE (City and state or country) Hot Springs, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Patrick J. Ledwidge		13b. MOTHER'S MAIDEN NAME Sara Jane Long		14. NAME OF HUSBAND OR WIFE Estelle Ledwidge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, type or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-01-9668	17. INFORMANT Address Estelle Ledwidge 1115 Boland Place		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis, general DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x					INTERVAL BETWEEN ONSET AND DEATH 24 hrs 4 years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Oct 1950 to 3-30-59 and last saw her alive on 3-30-59 Death occurred at 10:30 Pm m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Charles H. Hedeman M.D.			22b. ADDRESS 508 N Grand		22c. DATE SIGNED 4-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 2. 1959	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR A. H. Bocklage		ADDRESS 6536 Clayton Rd.	25. DATE RECD. BY LOCAL REG. 4-1-59	26. REGISTRAR'S SIGNATURE John C. Murphy 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 *Stanley F. Dixon* .....  
Licensed Embalmer No. *4193* .....  
P. O. Address *St. L.* .....

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.