No. 2
-13-40
17-39
X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33066

Registration District No. 784 Primary Registration District No. 107 Registrar's No. 1857

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 1 day 16½ hrs. (Specify whether

In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood (If outside city or town limits, write "RURAL") 0

(d) Street No. 1807 Stockard Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Nettie Bedford

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex female

5. Color or race colored

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Bedford

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Dec. (Month) 8 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	9	20	hr. min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation housewife 9

11. Industry or business

FATHER

12. Name Burdett Jackson 9

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER

14. Maiden name Nancy Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Wm Bedford

(b) Address 1807 Stockard Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Chas J. Gates

(b) Address 4107 Finney Ave.

19. (a) OCT 2 1940 (Date received local registrar) (b) D. R. Meyer M.D. Dr. PH (Registrar's signature)

OCT - 2 1940 N.G.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1940 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 9-28-40, 19..., to 9-29-40, 19...; that I last saw her alive on 9-29-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease & renal failure	2 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131	

Major findings: ~~Of operations~~ Small sclerotic kidneys

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. H. Fossman Jr. M.D. (M.D. or other) 1

Address St. Louis Co. Hosp. Date signed

(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 embalmed by me, or by James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.