

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8874

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2284

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4431 South Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00015

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4431 South Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MRS. BARBARA BEDERMAN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16, 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1941 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from November, 1939, to Mar 10, 1941, that I last saw her alive on Mar 5, 1941, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>22</u>	hr. _____ min.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Immediate cause of death Esophageal hemorrhage 1 day

Due to Carcinoma of stomach 4 yr.

Due to _____

Other conditions (include pregnancy within 3 months of death) None

MOTHER FATHER

11. Industry or business _____

12. Name John Kelly

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

14. Maiden name Ann Brown

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

16. (a) Informant Miss M Jones

(b) Address 4431 S. Broadway, St. Louis, Mo

17. (a) Burial (b) Date thereof 3-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hoffmeister No 26

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) MAR 12 1941 (b) H. Bedeck
(Date received at local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations no

Of autopsy no

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) no

(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 Chas E. Rudman (M. D. or other) M.D.
Address 3720 Washington Date signed 3/14/41

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

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

..... working under my personal supervision.

Signed.....

Edwin H. Leininger

Licensed Embalmer No.

4029
464 Chippen

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