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

7230

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1409

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Oao
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17/7
(d) Street No. 3021 Allen Ave (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Birdie Bedell
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 Married
6. (b) Name of husband or wife Dr Orion Bedell 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb (Month) 25 (Day) 1870 (Year)

8. AGE: Years 75 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Mt Vernon (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housework
11. Industry or business at Home
MOTHER FATHER
12. Name Emanniel Miller
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Brintleniger
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Dr Orion Bedell
(b) Address 3021 Allen Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 12 (Day) 46 (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway
19. (a) FEB 11 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1946 hour 4 minute 11 P. M.
21. I hereby certify that I attended the deceased from Feb. 5, 1946 to Feb. 9, 1946 that I last saw her alive on Feb. 9, 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic myocarditis
Due to Arteriosclerosis
Due to
Other conditions Acute gastric ulcer
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Myocarditis arteriosclerosis, ulcer

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

22. If death was due to external causes, fill in the following:
(c) 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. F. Bergman (M. D. or other) MD
Address 3720 Washington Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Hudson Talbot
Next Bldg
1-3
Je 41 41

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Richard W Stoversand

Licensed Embalmer No. 4007

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.