

XC-FILED FEB 17 1956

Reg. #14023
SL #8790

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6123

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1111

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Saint Clair	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Centerville Station
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		e. STREET ADDRESS (If rural, give location) RR #1, Box 670, Renois Lane §12 8	
3. NAME OF DECEASED (Type or Print) a. (First) ALEX		b. (Middle)	c. (Last) HEDRISKI
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 24, 1892		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Russia
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Tony Bedriski	
13b. MOTHER'S MAIDEN NAME Mary (Unknown)		14. NAME OF HUSBAND OR WIFE Julia Bedriski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW-1		16. SOCIAL SECURITY NO. 329-10-8416	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH Approximately 1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		Undetermined	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		420-1	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/30, 19 56, to 1/31, 19 56, and that death occurred at 1:10 A. M., from the causes and on the date stated above.			
23a. SIGNATURE C.E. O'Brien		23b. ADDRESS 915 N. Grand M.D. VAH, St. Louis, Mo.	
23c. DATE SIGNED 1/31/56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-1-1956	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) E ST LOUIS ILL	
DATE REC'D BY LOCAL REG. FEB 1 1956		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 417 N 8th St E St Louis Ill	

Charles Smith
M.D. (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank Prokopp*.....

Licensed Embalmer No. *43*.....

P. O. Address *St. Louis*.....

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.