

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Township

or

Village

or

City *St. Louis*

Registration District No. *791*

File No. *7902*

Primary Registration District No. *1003*

Registered No. *1451*

(NO. *Alexian Hospital*) Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Thomas Clark Hedges*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *May 25 1874*
(Month) (Day) (Year)

7 AGE *41* yrs. *8* mos. *8* ds. IF LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Winning*
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Butte City Mont*

PARENTS 10 NAME OF FATHER *John Hedges*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Canada*
12 MAIDEN NAME OF MOTHER *Elmira Althea Hedges*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Newfoundland*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *John Hedges*
(Address) *1407 Maple Ave*

15 Filed *Feb 3 1916* *Mad. Starloff*
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 3 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Dec 29 1915* to *Feb 3 1916*, that I last saw him alive on *Feb 2 1916*, and that death occurred, on the date stated above, at *12:16 a.m.*

The CAUSE OF DEATH* was as follows:

Pneumonia (Rohar)
108 92
(Duration).....yrs.....mos. *11* ds. *4p*

CONTRIBUTORY (Secondary) *Yes*
(Signed) *W. H. Harris* M. D.
Feb 3 1916 (Address) *727 Metropolitan Bldg*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs. *1* mos. *5* ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?

Former or usual residence *Hiden Inlet Alaska*

19 PLACE OF BURIAL OR REMOVAL *Butte Mont* DATE OF BURIAL *Feb 3 1916*

20 UNDERTAKER *Wagoner* ADDRESS *3621 Oli*