

0743

Registration Dist. No. 2209-A  
Registrar's No. 26

CERTIFICATE OF DEATH  
Vital Statistics—State Board of Health

BOOK 1161 PAGE 743

Birth No. \_\_\_\_\_ South Carolina State File No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Greenville  
b. CITY, TOWN, OR LOCATION Greenville  
c. LENGTH OF STAY IN IB \_\_\_\_\_  
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 661 Rutherford Road  
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES  NO

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE S. C. b. COUNTY Greenville  
c. CITY, TOWN, OR LOCATION Greenville  
d. STREET ADDRESS 31 E. Mountain View Avenue  
e. IS RESIDENCE INSIDE CITY LIMITS? YES  NO  f. IS RESIDENCE ON A FARM? YES  NO

3. NAME OF DECEASED (Type or print) Lydia Anna Hedrich  
First Middle Last  
4. DATE OF DEATH August 5, 1964  
Month Day Year

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. Date of Birth 9-19-1871 9. AGE (In years) (If Under 1 Yr. | If Under 24 Hrs. last birthday) Mo. Days Hours Min. 92

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Chicago, Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Louis F. Hedrich 13b. MOTHER'S MAIDEN NAME: Augusta Neunuebel 14. HUSBAND OR WIFE'S NAME: \_\_\_\_\_

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 351-30-7848-A 17. INFORMANT Mrs. A. R. Stubbs - Niece Address \_\_\_\_\_

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY: Cerebrovascular Accident  
IMMEDIATE CAUSE (a) Arteriosclerosis  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH Less than 1 hr. Undetermined

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) \_\_\_\_\_  
20c. TIME OF INJURY \_\_\_\_\_  
20d. INJURY OCCURRED While at Work  Not While at Work  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

21. I attended the deceased from 30 Apr. 1964, 5-Aug. 1964 and last saw him alive on 4 Aug. 1964  
Death occurred at 10:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.  
22a. SIGNATURE Edward McCollum (Degree or title) M. D. 22b. ADDRESS Greenville, S. C. 22c. DATE SIGNED 17, Aug. 1964

23a. BURIAL, CREMATION REMOVAL  23b. DATE 8-10-64 23c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery 23d. LOCATION (City, town, or county) Chicago, Illinois (State) \_\_\_\_\_

24. FUNERAL DIRECTOR'S SIGNATURE The Mackey Mortuary, Greenville, S. C. 25. DATE RECD. BY LOCAL OFFICE 8-18-64 26. REGISTRAR'S SIGNATURE F. L. Kirkland

MARGIN RESERVED FOR BINDING  
N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Do not use ball point pen. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION and INDUSTRY is very important.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Public Health Service

Form SBH 670-25M-4 63

RECORDED FEB 1 1982 at 8:25 A.M.

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