

Registration District No. 1003

Primary Registration District No.

Registrar's No. 392

1. PLACE OF DEATH:

1940 FEB 17 1940

(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: 3514 Missouri Ave. 2
 (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)

3. (a) PRINT FULL NAME PAULINE DUDENHOEFFER 35-18. (b) If veteran, _____ 8. (c) Social Security
name war _____ No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased February 6 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 7 _____ hr. _____ min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name Martin Gruber13. Birthplace Germany
(State or foreign country)14. Maiden name Don't know15. Birthplace Don't know
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frank J. Dudenhoeffer(b) Address 3514 Missouri Ave.17. (a) Burial (b) Date thereof Jan. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: Burial or cremation New Picker Cemetery18. (a) Signature of funeral director J. H. Kubben Dirs and Co(b) Address 2842 Meramec St.19. (a) Jan 15 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3514 Missouri Ave.
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? 58 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1940 hour 9 minute 50 P.M.21. I hereby certify that I attended the deceased from Jan 13 1940
5:50 to Jan 13 1940
that I last saw him alive on Jan 13, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Duration _____
thrombosisDue to Cerebral
thrombosis

Due to _____

Other conditions Old age
(include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

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) _____

(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? _____

While at work _____ (Specify type of place) (a) Manner of injury _____

23. Signature J. H. Kubben (other) _____Address 4930 Duane St. _____

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Loren E. Percy

Licensed Embalmer No. 4094
2842 Meramec St.

P. O. Address St. Louis, Mo.

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, above space should be left blank.