

No. 2
-11-10-39
-5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5685**
Registrar's No. **1933**

FILED MAR 25 1941
791

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(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: City Hosp # 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less than 24 hrs
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
17

(c) City or town St. Louis 9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 110 So. 4th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Frank Dudding

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9 Wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Art 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>Art</u> <u>70</u>			hr. _____ min. _____

9. Birthplace unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business unknown

MOTHER { 12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James F. Ferguson

(b) Address 1300 Clark

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 2-21-41
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Ruffin

(b) Address 3000 Rutledge

19. (a) **FEB 28 1941** (b) J. W. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur
subdural hemorrhage of brain
found lying in bed
about 58.50 PM. Jan 13 1941
Due to cause & manner could
not be determined.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

1952

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) Open Verdict

(b) Date of occurrence Jan 27 1941 A.D.

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
X Public Place
(Specify type of place)

While at work? _____ (e) Means of injury unk

23. Signature Walter H. Perry (M. D. or other) 3

Address 1300 Clark Date signed 4/24/41

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

69
0
9

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 _____

Licensed Embalmer No. _____

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, above space should be left blank.