

FILED MAY 19 1942

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(c) County .....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1452 McCausland  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1942 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from  
4/2 1942 to 5/12 1942  
that I last saw him alive on 5/12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Hypertrophy  
(Malignant) Duration 23

Due to diabetes mellitus 15 yrs

Due to 60  
Other conditions  
(Include pregnancy within 3 months of death) 50

Major findings:  
Of operations Malignant Prostatic  
obstruction  
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) (e) Means of injury.....  
23. Signature [Signature] (M.D. or other)  
Address 50 Century Bldg Date signed 11/3/42

3. (a) PRINT FULL NAME Richard A. Dudeck

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva M. Dudeck 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 30, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 4 12 hr. min.

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

10. Usual occupation Building Contractor

11. Industry or business.....

12. Name Reinhold Dudeck

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

14. Maiden name Anna Hauke

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

16. (a) Informant Eva Dudeck

(b) Address 1452 McCausland

17. (a) Burial (b) Date thereof 5-15-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAY 13 1942 (b) [Signature] (Registrar's signature)  
(Date received local registrar)

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

MOTHER FATHER

144  
3/43

FEB 23 1948

---

---

**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.....

*J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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, fact should be so stated above.**