

FILED DEC 18 1943

Registration District No. 277

Primary Registration District No. 3064

Registrar's No. 2728

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
114 N. Florissant Rd.
(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 Dr. Otto N. Schudde
3. (b) If veteran, name war World War 1 & 2 No. _____
3. (c) Social Security No. _____

4. Sex M 5. Color or Race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ellen Schudde
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May 5 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 2 hr. _____ min.

9. Birthplace Hoboken New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Medical Practice

12. Name John Schudde
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Talea Hemken
15. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ellen Schudde
(b) Address 114 N. Florissant Rd.

17. (a) Cremation (b) Date thereof 12/9/43.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director R. E. White
(b) Address Ferguson, Missouri.

19. (a) DEC 10 1943 (b) E. J. Mc Gowan, M.D.
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 114 N. Florissant Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 7
year 1943 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 1 1943 to Dec 7 1943
that I last saw him alive on Dec 6 1943
and that death occurred on the date and hour stated above
Immediate cause of death Hypertensive Duration

Pneumonia

Due to _____
Due to _____

Other conditions Failure of left Ventricle
(Include pregnant within 3 months of death)
Completed by Embolus Pulmonalis

Major findings: Of operations: 2 left Papilledema
Of autopsy arteries
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) (b) Means of injury _____

23. Signature E. J. Mc Gowan (M. D. certificate)
Address 4509 N. Ashmun Date signed 12/10/43

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

16
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DEC 2 1945

NOV 13 1945

DEC 20 1945

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..... *Larry M. White*

Licensed Embalmer No. *3973*

P. O. Address *Herguson, 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, fact should be so stated above.