

No. 2
2-45
7-39
X47070

FILED SEP 4 1947 318

State File No. _____

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 8097

1. PLACE OF DEATH:

(a) County _____
(b) City or town City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St John
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks
(Specify whether years, months or days)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cad
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3119 Nebraska
24 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank P. Gudale

3. (b) If veteran, name war _____ 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 Minnie Herold
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug. 31 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months II Days 25
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Peter Gudale

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

14. Maiden name unknown

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

16. (a) Informant Minnie Gudale

(b) Address 3119 Nebraska

17. (a) Cremation (b) Date thereof Aug 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Wingbermuehle Funeral Home

(b) Address 3819 S. Grand Blvd

19. (a) AUG 26 1947 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 25th
year 1947 hour 5 P.M. minute _____

21. I hereby certify that I attended the deceased from Aug 10th
1947 to Aug 25th 1947
that I last saw him alive on Aug 25th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 30 Min.

Due to Phlebotrombosis, left leg

Due to Post-operative thrombosis
by strangulated

Other conditions umbilical hernia
(Include pregnancy within 3 months of death)
Major findings: Of operations - as above

Of autopsy None

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Piercell Powers (M. D. or other) M.D.
Address 634 No. Grand Blvd Date signed 8/26/47

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

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 Ernest W. Spillers
4080
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, fact should be so stated above.