S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39602

FILED DEC 15 1947

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 11226

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township) 0
(c) Name of hospital or institution: Deaconess Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 6416 West Park Ave (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 4
If yes, name country

3. (a) PRINT FULL NAME Frederick R. Dudeck
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Katherine Dudeck
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased 12/29/1865 (Month) (Day) (Year)

8. AGE: Years 81 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Schlesien (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Retired
11. Industry or business Maintenance United Drug Co

FATHER
12. Name Reinhold Dudeck
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Anna Haucke
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. A. H. Deppe
(b) Address Park Plaza Hotel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Piskers Cemetery
18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road
19. (a) DEC 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1947 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from Nov. 24, 1947 to Dec. 8, 1947; that I last saw him alive on Dec. 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	2 wks.
Due to Arteriosclerosis	10 yrs.
Due to Diabetes	25 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signed Arthur W. Deppe M. D.
Address University Club Bldg. Date signed 12/8/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Arnold W. Schoene

Licensed Embalmer No. 3864

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, fact should be so stated above.