

No. 2
12-45
17-39
X47070

State File No. _____

Registrar's No. 1887

FILED AUG 13 1948

Registration District No. _____

Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Agnes Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

In this community 10 years

3. (a) PRINT FULL NAME JOSEPH M. UDRY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept. 25 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 3 If less than one day 7 hr. 30 min.

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business _____

MOTHER FATHER

12. Name Domonic Udry

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Germaier

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Sister of St. Agnes Home

(b) Address 10341 Manchester Rd.

17. (a) Burial (b) Date thereof July 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter Borker

(b) Address 6536 Clayton Rd.

19. (a) 7-31-48 (b) Cecil J. Shapiro
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Kirkwood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 10341 Manchester Rd. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 19 1947 to July 29 1948
that I last saw him alive on July 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 2 days
Duration

Due to Arteriosclerosis general 5 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: _____

Of operations _____

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 0

23. Signature CH Bockelman (M. D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 7/29/48

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 Ray W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis

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.