

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6910
Registrar's No. 00244

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|--|--|---|--------------------------|---|--|---|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 3068 | | Registrar's No. 00244 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u> | | d. STREET ADDRESS (If rural, give location) <u>3036 Bartold Ave.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3036 Bartold Ave. 1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3036 Bartold Ave. 7</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | | | |
| a. (First) <u>Mary</u> | | | b. (Middle) <u>Ellen</u> | | | c. (Last) <u>Dudeck</u> | | | |
| a. (First) <u>Mary</u> | | | b. (Middle) <u>Ellen</u> | | | c. (Last) <u>Dudeck</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>May 30, 1870</u> | | | |
| 9. AGE (In years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>10</u> | | | |
| 13a. FATHER'S NAME <u>John This</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Wagner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Henry Dudeck</u> ADDRESS <u>3036 Bartold Ave.</u> | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Lower Bowel</u> | | | | DUE TO (b) <u>15 2X</u> | | | | 2 years | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) <u>15 2X</u> | | | | years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>Chronic Valvular Cardiac Condition</u> | | | | years | |
| 19a. DATE OF OPERATION <u>7-29-47</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the Lower Bowel</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE _____ (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 3, 1947</u> , to <u>Jan 30, 1949</u> , that I last saw the deceased alive on <u>Jan 30, 1949</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Vincent Townsend</u> | | | | 23b. ADDRESS <u>3101 Sutton Ave Maplewood</u> | | 23c. DATE SIGNED <u>1-31-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-1-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u> | | 24d. LOCATION (City, town, or county) _____ (State) _____ | | | |
| DATE REC'D BY LOCAL REG. <u>2-1-49</u> | | REGISTRAR'S SIGNATURE <u>Shirley L. Lamm</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u> ADDRESS <u>7456 Manchester Rd.</u> | | | | | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

H. Burgess

Signed.....

Student Embalmer

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.