

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42425

FILED JAN 7 1950

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State File No. 11160

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS (If rural, give location) 4866 SACRAMENTO AVE	
3. NAME OF DECEASED a. (First) AGNES (Type or Print)		b. (Middle) DUDDY c. (Last)	
4. DATE OF DEATH 12/26/49		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Jan - 29 - 1882		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OWEN SMITY		13b. MOTHER'S MAIDEN NAME MARGARET DUDDY	
14. NAME OF HUSBAND OR WIFE MARTIN J. DUDDY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARTIN J. DUDDY	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE OR 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) 97 H. 201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12-12-49, 19__ to 12-26-49, 19__, that I last saw the deceased alive on 12-26-49, 19__, and that death occurred at 3:20 P.M., from the causes and on the date stated above.			
23a. SIGNATURE David M. Skilling M.D.		23b. ADDRESS 4500 Olive Street, St. Louis 8	
23c. DATE SIGNED 12-27-49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 12/29/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Slocater	
25. FUNERAL DIRECTOR'S ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE		DATE RECD. BY LOCAL REG. OFF. 12/28/49	

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

Dr. Skilling
4500 Olive

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.

Student
Student Embalmer

Signed

J. Allen Davis

Licensed Embalmer No. # 4053

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.