U.S. No. 300
Rev. 10-48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2435

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 610

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

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 2269
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1434 Chambers

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Dudley

**4. DATE OF DEATH** (Month) (Day) (Year): 1 5 50

**5. SEX**: Fem.
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: Apr 1879
**9. AGE** (In years last birthday): Apr 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: Unk
**11. BIRTHPLACE** (State or foreign country): Tenn.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Unk
**13b. MOTHER'S MAIDEN NAME**: Unk
**14. NAME OF HUSBAND OR WIFE**: Unk

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): Unk
**16. SOCIAL SECURITY NO.**: Unk
**17. INFORMANT'S SIGNATURE OR NAME**: Patrick E. Taylor
**ADDRESS**: 100 York

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Left Hip.
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c): Suffered when deceased
II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Fell in her home at 1434 Chambers St.

INTERVAL BETWEEN ONSET AND DEATH:

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: Exact date & time unknown
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St. Louis Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Unk m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Fell in her Home
E9030 20

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1:30 a.m. from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joseph M. Quinn Deputy Coroner
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 1/18/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Ic
**24b. DATE**: JAN 20 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Anatomical Board
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: JAN 20 1950
**REGISTRAR'S SIGNATURE**: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Rowland Mortuary Service, 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

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## 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 at College of Mortuary Science, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph W. Henson

Licensed Embalmer No. 3791

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.