

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10318

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2529

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>13 - 4552<sup>a</sup> VARRELMANN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4552<sup>a</sup> VARRELMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 15 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Cuddy</u>	5. SEX <u>Male</u>
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-18-1883</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>27</u> IF UNDER 1 HR.: Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Patrick Cuddy</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Cummings</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine HARTMANN</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josephine Cuddy 4552<sup>a</sup> VARRELMANN</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 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) <u>St. Louis MO MO</u>
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 July, 1947, to March 14, 1950, that I last saw the deceased alive on March 14, 1950, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Dauter MD</u>	23b. ADDRESS <u>4254<sup>a</sup> Arsenal St.</u>	23c. DATE SIGNED <u>3-16-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection-Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>MAR 16 1950</u>	REGISTRAR'S SIGNATURE <u>J B Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Springermeuble 3819 S. Grand</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4264 ARSENAL  
MAR 16 1950

019  
21 Nov 12  
C. J. ...  
Kip ...

21 Nov 12  
...  
H  
H. H. ...

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.....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed George Kinghamville Jr.  
Student Embalmer No. ....

Licensed Embalmer No. 4611

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.