

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2742
0709

FEB 14 1952

State File No. _____
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1203</u>		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2139					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5400 Arsenal St.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) <u>MARGARET DUDLEY</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 23, 1952</u>								
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 1-1867</u>		9. AGE (in years) last birthday <u>84</u>		IF UNDER 1 YEAR Hours Days	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Ireland</u>			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>late Charles Dudley</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lila C. Drumm 3000 Lafayette Ave</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>							<u>5 yrs X</u>		
		ANTECEDENT CAUSES									
		DUE TO (b) <u>Generalized Arteriosclerosis</u>									
		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) _____							
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? <u>4200</u>							
22. I hereby certify that I attended the deceased from <u>Apr. 15, 1952</u> , to <u>Jan 23, 1952</u> , that I last saw the deceased alive on <u>Jan 23, 1952</u> , and that death occurred at <u>7:35A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>John Schlenker, M.D.</u> (Degree or title)				23b. ADDRESS <u>5400 Arsenal Street</u>				23c. DATE SIGNED <u>1/23/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>					
DATE REC'D BY LOCAL REG. <u>JAN 23 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner U. 2223 St. Louis Ave.</u>						

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

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

John P. Buchholz

Licensed Embalmer No. 1694

P. O. Address 2723 S. Harris Ave.

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.