

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44797

State File No. _____

FILED JAN 26 1953

318

1003

Registrar's No. 11788

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

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Saint Louis c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 1018 North Cardinal Ave.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) 2219 Saint Louis d. STREET ADDRESS (If rural, give location) 1018 North Cardinal Avenue	
3. NAME OF DECEASED a. (First) Helen b. (Middle) c. (Last) Dudley		4. DATE OF DEATH (Month) (Day) (Year) December 21, 1952	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH April 18, 1910		9. AGE (In years last birthday) 42 IF UNDER 1 YEAR: Months 8 Days 3 IF UNDER 24 HRS: Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY - - -	
11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Ezell Taylor		13b. MOTHER'S MAIDEN NAME unkn own	
14. NAME OF HUSBAND OR WIFE - - - - -		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 Anna Starks 2847 Lucas Avenue	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning when deceased was asleep due to gas from fire of substitution at 1018 N. Cardinal on Dec 21 1952 ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. at about 647 pm 2. 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 Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Name		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 000	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 21 52 6:47		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9160		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 _____ m., from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) Joseph H. Smith, M.D., Deputy Registrar		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12/23/52		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/29/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery, St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. Und. Co. 3644 Finney	
DATE REC'D BY LOCAL REG. DEC 23 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.	

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 K. Cunningham

Licensed Embalmer No. 4276

P. O. Address 4223 Emmet

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.