

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4426**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **43**

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN WASHINGTON Mo		c. CITY OR TOWN ST. CLAIR	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		e. STREET ADDRESS (If rural, give location) 0360	
3. NAME OF DECEASED (Type or Print) a. (First) THERESA b. (Middle) DUDA c. (Last) DUDA		4. DATE OF DEATH (Month) (Day) (Year) FEB. 12 1955	
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 25 1888
9. AGE (In years last birthday) 66	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	14. NAME OF HUSBAND OR WIFE VINCENT DUDA.	
13a. FATHER'S NAME OTTO SPITZ		13b. MOTHER'S MAIDEN NAME MARY KIESLER	
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. NONE	
17. INFORMANT'S SIGNATURE OR NAME VINCENT DUDA		ADDRESS ST. CLAIR Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEVERE DIABETIC COMA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UNCONTROLLED DIABETES DUE TO (c) ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SEVERE DEHYDRATION ACIDOSIS	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. 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)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 2-11 , 19 55 , to death , 19 55 , that I last saw the deceased alive on 2-12 , 19 55 and that death occurred at 4:50 pm. , from the causes and on the date stated above.			
23a. SIGNATURE John J. Pearl M.D. (Degree or title)		23b. ADDRESS St. Clair, Mo	
23c. DATE SIGNED 2/14/55		24a. LOCATION (City, town, or county) (State) Mo	
24b. DATE FEB. 16 1955		24c. NAME OF CEMETERY OR CREMATORY ST. PAUL GEM.	
24d. LOCATION (City, town, or county) (State) FENTON Mo		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Grand	
24e. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		DATE REC'D BY LOCAL REG. 2/14/55 REGISTRAR'S SIGNATURE F.L. Hoffman	

RECEIVED
FEB 14 1955

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.....
Signature of Student Embalmer

Signed *Leo J. Burdke*
Licensed Embalmer No. *398*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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