

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6086**
Registrar's No. **1108**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)	c. LENGTH OF STAY (in this place) (township)	c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2909 Bailey		STREET ADDRESS (If rural, give location) 2909 Bailey	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle)	c. (Last) Cudmore	4. DATE OF DEATH (Month) (Day) (Year) Feb 4, 1955
-------------------------------------	--------------------------	-------------	--------------------------	----------------------------------------------------------

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2	8. DATE OF BIRTH March 12, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours Min.
----------------------	-------------------------------	-----------------------------------------------------------------------	----------------------------------------	-------------------------------------------	------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
------------------------------------------------------------------------------------------------------------	-----------------------------------	-----------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME Beinford	13b. MOTHER'S MAIDEN NAME not known	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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Robert Gunner	ADDRESS 2909 Bailey Ave.
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	--------------------------------------------------------	---------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma sigmoid		1 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis		3 yrs
	DUE TO (c) Secondary anemia		6 mos
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 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? 153X
-------------------------------------------------	---------------------------------------------------------------------------------------------------------	----------------------------------------

22. I hereby certify that I attended the deceased from **2/15**, 19**55**, to **2/4**, 19**55**, that I last saw the deceased alive on **1/30**, 19**55**, and that death occurred at **10:30P** m., from the causes and on the date stated above.

23a. SIGNATURE D R Mustachkin (Degree or title) M.D.	23b. ADDRESS 3903 - Olive	23c. DATE SIGNED 2/5/55
--------------------------------------------------------------------	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/7/55	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County Mo
----------------------------------------------------------	-------------------------	-------------------------------------------------------------	-------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. FEB 7 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	ADDRESS 7027 Gravois
--------------------------------------------	------------------------------------------	-------------------------------------------------------------------	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *B.P. Kidwell*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027*.....

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.