

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21869

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. **791**
 Township.....*North Uchar*..... Primary Registration District No. **1003**
 City.....*St. Louis* (No. *4335*)..... Registered No. **5989**
 (No. *4335*)..... St. *North Uchar*..... Ward.....

2. FULL NAME

(a) Residence. No. *4335 North Uchar*..... Ward.....
 (Usual place of abode)..... (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | *White* | *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 29, 1937*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

6 | *3*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *None*
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
 (STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *George B. Fudge*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Washville*
 (STATE OR COUNTRY) *Tenn.*

12. MAIDEN NAME OF MOTHER *Viola R. Gilbert*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *LPP*
 (STATE OR COUNTRY)

14. INFORMANT *George B. Fudge*
 (Address) *4335 North Uchar*

15. FILED *1928* *May* *St. Louis*
 19..... REGISTRAR

16. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 3 1938*

17. I HEREBY CERTIFY, That I attended deceased from *May 16*....., 19*38*, to *June 3*....., 19*38*, that I last saw h. *see* alive on *June 2*....., 19*38*, and that death occurred, on the date stated above, at..... *4:05 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonitis Chronic
157A
1066 *157A* (duration) yrs. *2* mos. *4* ds.

CONTRIBUTORY (SECONDARY) *slight*
Hydrocephalus..... (duration)..... yrs. *6* mos. *24* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... *no* DATE OF.....

WAS THERE AN AUTOPSY?..... *no*

WHAT TEST CONFIRMED DIAGNOSIS *Clinical diagnosis*
 (Signed) *Georgia Henry Ruper*, M. D.
June 4th 1938 (Address) *5222 North 20th st*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Friends *June 5 - 1938*

20. UNDERTAKER *Math. Hermann & Son*
 ADDRESS *4103rd West*
Flannock City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

