WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

File No. 25521
Registered No. 7335

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. 3656 Blaine St. ..... Ward)

2. FULL NAME Dorthy Jean Cude

(a) Residence. No. 3656 Blaine St., 17 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16-1926

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	3	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER J. F. Cude
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Minn
12. MAIDEN NAME OF MOTHER Goldie Condon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT J. F. Cude
(Address) 3656 Blaine

15. FILED July 15 1928 Ray C Standley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928

17. I HEREBY CERTIFY, That I attended deceased from June 29 1928, to July 13 1928 that I last saw him alive on July 13 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Broncho Pneumonia
Secondary
9
107A Whooping Cough (duration) ..... yrs. 10 mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. 28 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Joel Goldkrantz, M. D
19 (Address) 3601 Cruter Drive St Louis Mo

*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: Sullivan Mo
DATE OF BURIAL: 7-16-1928

20. UNDERTAKER: Fred M. Williams
ADDRESS: 561 Delmar