

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

Do not use this space.

20933

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **ST. LOUKES HOSPITAL**
City **St. Louis Mo.** (No. **ST. LOUKES HOSPITAL**)

File No.
Registered No. **5421**
St. Ward)

2. FULL NAME

BABY Dudeck St. Co.

(a) Residence No. St. **12** Ward. **N. 6. S. Rd. & Olive St. Rd**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male		4. COLOR OR RACE white		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 - 31					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
—	—	—	—	6 hrs.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. / (STATE OR COUNTRY)					
PARENTS	10. NAME OF FATHER Reinhold F. Dudeck				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)				
	12. MAIDEN NAME OF MOTHER Pauline Kotsch				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis County, Mo. (STATE OR COUNTRY)					
14. INFORMANT Father (Mrs. Dudeck) (Address) 1163 N. + S. Road.					
15. FILED 11-7-32 Maye Starkey REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 19 32

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1932 **to** June 7, 1932 **that I last saw him alive on** June 7, 1932, **and that death occurred, on the date stated above, at** 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
28-30 wks gestation
15 159 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH. DATE OF (1)
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
6/7 (Signed) St. J. Storrs, M. D. 1932 (Address) Missouri Bldg.

*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 VAL HALLA CEM	DATE OF BURIAL 6/8 1932
20. UNDERTAKER BAUMANN BROS	ADDRESS OVERLAND, Mo.

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.

