

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

Do not use this space.

34216

**1. PLACE OF DEATH**

County St. Louis Mo Registration District No. 17  
 Township Camelia Primary Registration District No. 10  
 City St. Louis Mo (No. 4038) Camelia Grk

File No. \_\_\_\_\_  
 Registered No. 9574  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Duddy  
 (a) Residence, No. 4038 Camelia St. 10 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1888

7. AGE YEARS 74 MONTHS 7 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newport Ky 2

13. NAME John Duddy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Henrietta M. Cloke  
4038 Camelia

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 29 1932

19. UNDERTAKER (ADDRESS) Wm. J. Carroll  
1600 N. 1st St. St. Louis

20. FILED Oct 29 1932 St. Louis Mo Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 - 1930 to Oct. 27 - 1932

I last saw him... alive on Oct. 26 - 1932 Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 10-1-1930  
131  
930 / 131  
102 (1)

Other contributory causes of importance:  
Coronary Artery Sclerosis 10-1-30  
with Hypertension

Name of operation No Date of \_\_\_\_\_  
 What test confirmed diagnosis? Quint Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) A. J. Pseudonck M. D.  
 (Address) 1041 Thurston Bldg

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.

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

