

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 1170
Primary Registration District No. 6248H
(No. St. Marys Hospital)

File No. 22776
Registered No. 92
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4477 Washington Bldg St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. HUSBAND, WIDOWED, OR DIVORCED Name of (OR) WIFE of <u>Michael W. Cudde</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 30, 1876</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>1</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>		
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) <u>Seaside, Missouri</u>		
13. NAME OF FATHER <u>Edward M. Kelly</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Mary Armstrong</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Robt. C. Cudde</u> (ADDRESS) <u>4477 Washington Bldg</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Catholic</u> Date <u>June 12, 1934</u>		
19. UNDERTAKER <u>Denisek, Nicholas</u> (ADDRESS) <u>1138 27th St. St. Louis</u>		
20. FILED <u>June 12, 1934</u> <u>Gertrude Porter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to June 9, 1934
I last saw him alive on June 9, 1934 Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage pt. Date of onset 6/3/34
Coronary Atherosclerosis Arteriosclerosis 11/1/34

Other contributory causes of importance: None

Name of operating physician _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Rathusella N. D.
(Signed) _____ (Address) 415 Beaumont Bldg.

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.

2025
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