

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1166

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Berkley City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Berkley City,
(If outside city or town limits, write "RURAL")
 (d) Street No. Mary & Dowling Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th.
 year 1939, hour 2 minute A.M. M.

21. I hereby certify that I attended the deceased from June 1st 1929 to June 30th 1929
 that I last saw him alive on June 29th 1929
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Due to Arterio Sclerosis

Duration
6.1.38
6.1.38

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)
 Means of injury _____
 23. Signature H. D. G. [unclear] (M. D. or other)
 Address Pattonville, Mo. Date signed 6.30.29

3. (a) PRINT FULL NAME Thomas Dudhope.
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Rachael Dudhope.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 25, 1862.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 5 hr. _____ min.

9. Birthplace Talulla, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business unemployed

MOTHER FATHER
 { 12. Name Peter Dudhope.
 18. Birthplace Scotland.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Dont know.
 15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. L. E. Joseph.
 (b) Address Mary & Dowling Ave.

17. (a) Burial (b) Date thereof 7-1-1939.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUN 30 1939 (b) [Signature]
(Date of registration) (Registrar's signature)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.