

REC'D AUG 11 1939 **791**
Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5442 North Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 Years
years, months or days)

3. (a) PRINT FULL NAME George B. Fudge **320**
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola Gilbert Fudge 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Sept 3 1896
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Hauler

11. Industry or business _____
MOTHER FATHER { 12. Name Leon Fudge
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Deborah Corley
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Viola Fudge
(b) Address 5442 North Broadway

17. (a) Burial (b) Date thereof 8/2/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. JUL 31 1939 (b) J. P. Braddock
(Date received locally Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis **9**
(If outside city or town limits, write "RURAL")
(d) Street No. 5442 North Broadway Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 30 day July
year 1939 hour 5 am minute _____ M.

21. I hereby certify that I attended the deceased from JULY 27 1939 to JULY 30 1939
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Due to _____
Due to _____
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)
(a) Means of injury _____
23. Signature J. P. Braddock (M.D. or other) _____
Address 4119 W. Belmont Date signed 7/3/39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Frank H. Street*

Licensed Embalmer No. 2265.....

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.