

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 yrs. 1 mo. 29 days
In this community About 54 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 139 #
(d) Street No. 4150 St. Louis Ave. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank P. Dudzik

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Veronica Dudzik 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 9, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Matthew Dudzik
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Malite Guttruder
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant P. Reggendorf
(b) Address 5400 ARDENAS

17. (a) BURIAL (b) Date thereof OCT. 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RAVARY CEMETERY

18. (a) Signature of funeral director HOWARD + SON

(b) Address 4212 ST. LOUIS AVE

19. (a) OCT 14 1941 (b) J. F. Budzik
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1941 hour 3:25 a A. minute _____ M.

21. I hereby certify that I attended the deceased from 9-1-40, 19____, to 10-13-41, 19____;
that I last saw him 1m alive on 10-13-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
(7-1-40x)
Due to Osteo Arthritis (7-1-40x)

Due to _____
Other conditions 93d
(Include pregnancy within 3 months of death) 956

Major findings: _____
Of operations _____
Of autopsy Yes.

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 J. Ridelman (M.D. or other) _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

jos A Howard

Licensed Embalmer No. *4139*

P. O. Address *4212 ST LOUIS AV*

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, fact should be so stated above.