

FILED JAN 14 1943 **818**

Primary Registration District No. **1003**

Registrar's No. **91**

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

1. PLACE OF DEATH:

(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:
4022 N. 25th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DUDLEY C. KUGLER

3. (b) If veteran, name war..... No

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife OLIVE L. KUGLER

6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased DECEMBER 15 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 18
If less than one day hr. min.

9. Birthplace DESOTA ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED COAL MINER.

11. Industry or business.....

MOTHER FATHER {

12. Name DON'T KNOW

13. Birthplace DON'T KNOW 9
(City, town, or county) (State or foreign country)

14. Maiden name DON'T KNOW

15. Birthplace DON'T KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Kelly
(b) Address 412 Deshaingville

17. (a) Burial RR (b) Date thereof 1/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Wm Kelly

(b) Address 2201 S. Franklin

19. (a) JAN 5 1943 (b) J. F. Predeck
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4022 N 25th St. 17
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1943 hour 12 minute 27 P.M.

21. I hereby certify that I attended the deceased from Sept, 1942 to Jan 3, 1943;
that I last saw him alive on Jan 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate & generalized adenomatous

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 51

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature M. Norman Orgel (M. D. or other) M.D.
Address Medical Arts Bldg Date signed 1-5-43

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

Henry G. Stewart

Licensed Embalmer No. *3722*

P. O. Address *412 Bushopwell*

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.