S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 20 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8193

Registrar's No. 2196

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5441a Wren ave
(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)

In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State MISSOURI (b) County 009 27

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5441a WREN ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Dora Catherine Coudy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife FRANK COUDY

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased april 11 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	10	26	hr. min.

9. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name ROBERT LITTEL
13. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Catherine Littel
15. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

16. (a) Informant Frank Coudy.
(b) Address 5441a Wren Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary cem.

18. (a) Signature of funeral director Sullivan Fun. Directors
(b) Address 2849 N. Euclid Ave

19. (a) MAR 8 1943 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1943 hour 8 minute 15a M.

21. I hereby certify that I attended the deceased from Sept 19 1942 to March 1st 1943 that I last saw her alive on March 1st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Heart Stroke

Due to Myocarditis, Chronic

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? (Specify type of place)

(e) While at work? (f) Means of injury

23. Signature Oliver A. Fick (M.D. or other) DC

Address 3131 N. Grand Blvd Date signed March 7, 1943

(Licensed Embalmer's Statement on Reverse Side)

DR OLIVER FICK
3131 N.Grand FR 5953
4876 Bessie CO 3931

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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.