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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20145

FILED JUN 19 1944

State File No. _____

Registration District No. **818**

Primary Registration District No. **1000**

Registrar's No. **5124**

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:
3472 Grace Ave.
(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 _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3472 Grace Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Pudewell**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Arthur F.** 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased **October 3, 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **8** Days **0** If less than one day hr. _____ min. _____

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph Weiser**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Dont know**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Emma Kost**
(b) Address **3472a Grace Ave.**

17. (a) **Burial** (b) Date thereof **June 6, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter & Paul Cemetery**

18. (a) Signature of funeral director **John N. Gellman, Sons**
(b) Address **2630 Gravois Ave.**

19. (a) **J. J. Pudewell** (b) _____
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3rd** year **1944** hour **11** minute **P** M.

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

Immediate cause of death **Chronic Myocarditis**
Chronic Indurated Nephritis

Due to _____
Due to **1/21**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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?

23. Signature **Walter J. Perry** (Specify type of place) (Means of injury)
Address _____ (M. D. or other) Date signed **8/5/44**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Herman A. Gibken
Licensed Embalmer No. 2120
P. O. Address 2630 Gravois Ave.

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.