

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7643

FILED MAR 16 1948

100

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2195

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:
1421 Missouri 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 20 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elijah L. Dudley

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 12 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 23 hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) A

10. Usual occupation Car Repair

11. Industry or business Mo. Pac.

12. Name Joseph Dudley

13. Birthplace Wayne County (City, town, or county) (State or foreign country) Missouri

14. Maiden name Mary Gage

15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Emma Shirley

(b) Address 3406 A. South Broadway

17. (a) Shippy Rail (b) Date thereof 3 / 8 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont, Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) MAR 7 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 45 hour 5 minute 40 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 Entertitis of the Lung
Due to _____
131a

Other condition _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 Thomas F. Callahan (M. D. or other) _____

Address Parsons Date signed 3-7-46

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

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MOTHER FATHER

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..... *L. R. [Signature]*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.