

FILED FEB 1 1946 STANDARD CERTIFICATE OF DEATH

State File No.

602

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
St. Louis Children's Hospital
(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

3. (a) PRINT FULL NAME Charlotte Jean Kuda
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife Child
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 29 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 5 18 hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER
12. Name John Kuda
13. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maile Reeds
15. Birthplace Corso Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Kuda
(b) Address 724 Aubert Ave.

17. (a) Burial (b) Date thereof 1-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address JAN 18 1946 Washington Blvd.

19. (a) _____ (b) J. F. Bredack
(Date received local registrar) (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. 724 Aubert Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1946 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from 1-13, 1946, to 1-17, 1946;
that I last saw her alive on 1-17, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Poleomyelitis - bulbar
Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature P. J. Blatter (M. D. or other) _____
Address W. B. Kuyphuis Date signed _____

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

2744

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..... *W. Wilkinson*
Licensed Embalmer No..... *3575*
P. O. Address.....

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.