

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED APR 5 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 2867

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
3733 Lindell Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether 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") 1917

(d) Street No. 3733 Lindell Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 3  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DR. CARL EDWARD DUDLEY

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Harriette Lee Dudley

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 23, 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from May 15 1946 to March 26 1946  
that I last saw him alive on March 26 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

8. AGE: Years Months Days If less than one day

<u>73</u>	<u>10</u>	<u>3</u>	hr. _____ min. _____
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Due to Chronic myocarditis

Due to Arterio sclerosis

Other conditions (include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Terre Haute Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician and Surgeon

11. Industry or business Medical

12. Name Alvin W. Dudley

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Burgess

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

16. (a) Informant Harriette Lee Dudley

(b) Address 3733 Lindell Blvd Apt. 901

17. (a) Removal (b) Date thereof Mar. 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Terre Haute, Indiana

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) MAR 27 1946 (b) J. J. Bredenk  
(Date received local registrar) (Registrar's signature)

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 H. C. Thompson (M. D. or other) \_\_\_\_\_

Address 4548 Harris Ave. Date signed 3/27/46

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

9950

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**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.....

*John Ketter*

Licensed Embalmer No.....

*3880*

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.**