

**FILED APR 31 1946**  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**1003**

**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:  
6218 Washington Blvd.,  
(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 DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 6218 Washington Blvd.,  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Alfred H. Roudebush.

3. (b) If veteran, name war no

3. (c) Social Security No. 491-14-7031

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 29  
year 1946 hour 11:10 minute A. M.

**21. I hereby certify that I attended the deceased** on  
March 29, 1946 at \_\_\_\_\_  
that I last saw him alive on March 29, 1946  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Susan D'Arcy Roudebush 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April ? 1873  
(Month) (Day) (Year)

Immediate cause of death Serous disease with tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions PH  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**8. AGE:** Years 72 Months 11 Days ? If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace New Orleans La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lawyer

11. Industry or business Mississippi Valley Trust Co.

12. Name George S. Roudebush.

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

14. Maiden name Margaret Moore.

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

16. (a) Informant George S. Roudebush.

(b) Address 6218 Washington Blvd.

17. (a) Burial (b) Date thereof 4-2-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) APR 1 1946 (Date received local Registrar)

J. F. Bredeck (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 0

23. Signature Dr. W. L. Hinton (M. D. or other) \_\_\_\_\_

Address St. Louis Mo. Date signed 3-29-46

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

10505

~~114 No. 109102 Avery~~

~~JF 8660~~

~~4139 P.M.~~

Dr. Drew Kulan  
Beaumont Bldg.  
3720 Washington  
JF 2866  
3765 P.M.  
APR 22 1900

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.....

*Don Paul Matler*

Registered Apprentice No. *381*

working under my personal supervision.

Signed *John H. Murray*

Licensed Embalmer No. *4011*

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.