

No. 2
5-543
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 20 1946
STANDARD CERTIFICATE OF DEATH

State File No. **17920**
Registrar's No. **1063**

Registration District No. **3.17** Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert C. Tudenham
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ouida Tudenham
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased September 21, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 23 hr. min.

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

10. Usual occupation Sales Agt.

11. Industry or business _____

MOTHER FATHER

12. Name Johanan Tudenham

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

14. Maiden name Rhoda Sear

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

16. (a) Informant Mrs Ouida Tudenham

(b) Address 6312 Garasche Blvd.

17. (a) Burial (b) Date thereof 5/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) 516-46 (b) E. M. Yaman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town West Walnut Manor
(d) Street No. 6312 Garasche Blvd.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1946 hour 1:30 P.M. minute _____ 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 fatal head injuries
when struck by auto Duration _____

Due to Blunt impact.

Due to _____

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

Major findings: _____
Of operations _____

~~XXXXXXXX~~

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 5/14/46

(c) Where did injury occur? St. Louis County
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? _____ (e) Means of injury Blunt Imp-

23. Signature A. J. Nellman
Address Clayton, Mo. Date signed 5/16/46

MAR 27 1947

JUN 18 1946

MAR 27 1947

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 *William G. Burkholder*

Licensed Embalmer No. *3110*

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.