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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39419

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 152

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp 3 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs. - 1 mo. 7 days (Specify whether)
In this community 15 yrs 1 mo 7 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 108
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. City Santarium (If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country probably Germany

3. (a) PRINT FULL NAME FREDERICKA - GUDE
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race wh
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 81 Months Days If less than one day unknown hr. min.
9. Birthplace unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation formerly housework
11. Industry or business none
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Records State Hosp 3
(b) Address Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation State Hosp Cemetery
18. (a) Signature of funeral director Fury Funeral Home
(b) Address Nevada Mo
19. (a) 12-2-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1946 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct 1939, to Nov 28, 1946 that I last saw her alive on Nov 27, 1946 and that death occurred on the date and hour stated above.
Viewed remains Nov 28

	Duration
Immediate cause of death Arteriosclerotic	
Due to Heart Disease	
Due to	
Other conditions Eventration (Include pregnancy within 3 months of death) Abdominal Wall (old) - Dementia Precox	

Major findings:
Of operations none performed
Of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No!
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Paul L Barone (M. D. or other)
Address State Hosp 3 Date signed Nov 28/46

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(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed L. B. Fauff

Licensed Embalmer No. 1770

P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.