

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1947

State File No. 42287

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11276

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:  
3252 S. GRAND BLV.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town ST. LOUIS 1617  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3252 S. GRAND BLV. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALICE A. CUDDIHEE

3. (b) If veteran, name war NO 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife JOHN J. CUDDIHEE 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JULY 5 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name JAMES ANTRAM

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

14. Maiden name MARY MAHONE

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

16. (a) Informant John Cuddihee

(b) Address 3252 S. Grand Blv.

17. (a) BURIAL (b) Date thereof JAN 2-47  
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Av.

19. (a) DEC 31 1946 (b) J. P. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30  
year 1946 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 4-5 1946 to 12-29 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Failure  
Due to Diabetes mellitus

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Duration \_\_\_\_\_  
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) none  
(b) Date of occurrence none  
(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? 0  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Blvin P. Scott (M. D. or other) MD  
Address 3259 Lafayette Date signed 12-30-46

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

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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

*Joseph B. Vollmer*

Licensed Embalmer No.

*4014*

P. O. Address

*St Louis 4, 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.**