

FILED DEC 17 1946
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 10323

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: 4937 Highland
(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 0000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4937 Highland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

SADIE CUDMORE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb-
(Month)

1- 1894
(Day) (Year)

8. AGE:

Years 52

Months 10

Days 1

If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

12. Name John Cudmore

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Tully

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Cudmore

(b) Address 4937 Highland Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12 5 '46
(Month) (Day) (Year)

(c) Place: burial or cremation Cabary Cemetery

18. (c) Signature of funeral director Harshaw & Sheehan

(b) Address 4415 Washington Bl.

19. (a) DEC 3 1946
(Date received local registrar)

(b) J. F. Bredek
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1946 hour 12:20 minute 30 M.

21. I hereby certify that I attended the deceased from 1945 to Dec 2, 1946
that I last saw her alive on Dec 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Due to arterio sclerosis

Due to senility

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) _____
(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)
(c) Means of injury _____

23. Signature W. Jackson Miller (M. D. or other) _____
Address 1652 Nat. Bldg Date signed Dec 3 '46

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

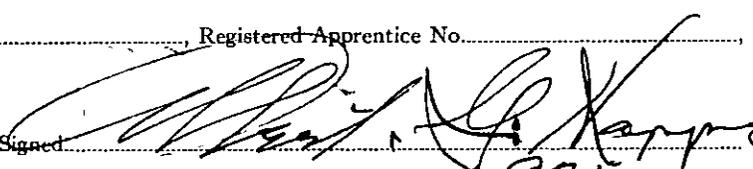
41098

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


.....
Licensed Embalmer No. 2971

P. O. Address.....

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.