

FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15938

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 886

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 2-26-47  
(Specify whether  
In this community 52 years  
years, months or days)

3. (a) PRINT FULL NAME Sam B. Dudley

3. (b) If veteran, name war World War I  
3. (c) Social Security No. unknown

4. Sex male  female   
5. Color or race white  
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 18  
If less than one day hr. min.

9. Birthplace Stuttgart, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware business

11. Industry or business

12. Name Howard Dudley

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

14. Maiden name Pearl White

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

16. (a) Informant Registrar, Veterans Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) REMOVAL (b) Date thereof 4-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DEWITT, ARKANSAS

18. (a) Signature of funeral director C. Hoffmeister U.L. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) 4-18-47 (b) Cecilia J. Haynes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999  
(c) City or town Dewitt 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. none 0  
(If rural, give location)  
(e) Citizen of foreign country? no 2  
(Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1947 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 2-26-47, 19\_\_\_\_, to 4-15-47, 19\_\_\_\_;  
that I last saw him alive on 4-15-47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LUNG

Duration

UNK.

Due to 47d

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Bronchoscopy 3-10-47

Of autopsy No autopsy

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) no

(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 L. E. Stuber (M. D. or other)  
Address Vet. Adm. Hosp., Jeff. Bks., MO. Date signed 4-16-47

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

MOTHER FATHER

FEB 18 1948

JUN 26 1950

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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 Linus E. Hoffmeister  
Licensed Embalmer No. 3871  
P. O. Address 7814 S Broad

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.