FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 362

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4531

State File No. 25270
Registrar's No. 25

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

1. PLACE OF DEATH:
(a) County WARREN
(b) City or town WARRENTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: KATIE SULLIVAN HOME 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Wk
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST LOUIS 96
(c) City or town OVERLAND 13 (If outside city or town limits, write "RURAL")
(d) Street No. 2724 WISMER 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME LOUIS H. Dudenhoeffer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race Wh
6. (a) Single, widowed, married, divorced W 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73 tots			hr. min.

9. Birthplace (City, town, or county) (State or foreign country) 9
10. Usual occupation retired
11. Industry or business Public Service Co.
FATHER
12. Name 9
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Geneva Dudenhoeffer
(b) Address Overland Mo
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY Cem. ST LOUIS MO
18. (a) Signature of funeral director ORTMANN F. Home
(b) Address OVERLAND MO
19. (a) 7-15-48 (Date received local registrar) (b) Vernelle Waters (Registrar's signature) 1102

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour minute A M.
21. I hereby certify that I attended the deceased from July 2, 1948, to July 13, 1948, that I last saw him alive on July 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Bilateral	10 days
Due to Parkinson Disease	Unknown
Due to Fracture Hip Bigfoot old Arteriosclerosis generalized	Unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 108
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. F. Hoelscher (M. D. or other) Wh
Address Warrenton Mo Date signed July 13 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUL 21 1948
Date Filed

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 Al C Ortmann

Licensed Embalmer No. 3478

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.