

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **18090**
4598

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 23 TOWN St. Louis		2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1013A Allen Avenue				d. STREET ADDRESS (If rural, give location) 1013A Allen Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Sarah Florence Cuddy b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 23 - 1950						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-8-1886	9. AGE (In years) 63 6/12	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY At. Home		11. BIRTHPLACE (State or foreign country) Steelville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Smith			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hamilton Cuddy				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everett Rawlins 2008 Rutger St. St. Louis					
18. CAUSE OF DEATH Give only one cause per (a), (b), and (c) Coronary Thrombosis <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 minutes 7 years 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from Feb. 6 , 1949, to May 23 , 1950, that I last saw the deceased alive on May 23 , 1950, and that death occurred at 3:00 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Willard F. Nash (Degree or title) D.O.				23b. ADDRESS 1929 S 18th		23c. DATE SIGNED 5/24/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. MAY 24 1950		REGISTRAR'S SIGNATURE J. B. Parster		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home - Inc		ADDRESS 2301 Lafayette St. St. Louis, Mo.			

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

Case by eff. 7/1/50

W. Fish
2623 Prater

[Handwritten signature]

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *James R. Chapman*

Licensed Embalmer No. *4550*

P. O. Address *White Lane*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 18090
Local Registrar's No. 4598

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of June, 1950, before me appears Norman W. Goehler, who, upon his oath, states that the original record of birth/death

for Sarah Florence Cuddy, died born May 23, 1950, in the State of Missouri, and which was filed at St. Louis on May 24th, 1950, should be corrected as follows:

Item No. 8 should read December 8, 1886

Instead of December 8, 1885

Item No. 9 should read 63 yrs

Instead of 64 yrs

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant: *Norman W. Goehler*
Relationship: *Director*
Present Address: *4610 Bonaventure*

Subscribed and sworn to before me this 6 day of June, 1950

My Commission expires 3-4-53 Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.