

3-300
D-48

STANDARD CERTIFICATE OF DEATH

State File No. **40807**
10714

DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: <small>month before admission</small>) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2229	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ENROUTE CITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 22 1021 DOLMAN	
3. NAME OF DECEASED (Type or Print) DONALD TRUDO		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 28 1932
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCK WORKER		10b. KIND OF BUSINESS OR INDUSTRY CAMPBELL EXPRESS	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME JOHN TRUDO	
13b. MOTHER'S MAIDEN NAME CATHERINE MASON		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME CATHERINE TRUDO		ADDRESS 1021 DOLMAN	

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of skull; Subdural hemorrhage		
ANTECEDENT CAUSES	suffered in collision between car operated by one Geo. Vitale in which deceased was a passenger		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Deceased car operated by one Geo. Bailey at intersection of Falsom and Lawrence Sts about 1202 am		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Nov 21 1952 Cause and manner of same could not be determined	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo. 000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 21 52 120m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8164

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2023h.**, from the causes and on the date stated above. **20**

22a. SIGNATURE (Degree or title) Catriet L. Taylor Carver	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11.21.52
---	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE Nov 24 1952	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. NOV 2 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Curtis	ADDRESS 2906 Travis
---	---	--	-------------------------------

G.P. (Licensed Embalmer's Statement on Reverse Side)

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

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis 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.