

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30778

State File No. _____

FILED SEP 22 1955

BIRTH NO. 69319-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7392

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HATHAWAY MEADOWS 20</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DE PAUL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>9753 PORTAGE DR.</u>	
3. NAME OF DECEASED a. (First) <u>KEVIN</u> (Type or Print)		b. (Middle) <u>MARTIN</u>	c. (Last) <u>Duddy</u>
4. DATE OF DEATH <u>AUG, 22, 1955</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>AUG, 22, 1955</u>		9. AGE (In years last birthday) Months Days <u>0 0 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MARTIN J. DUDDY JR.</u>	
13b. MOTHER'S MAIDEN NAME <u>NORA E. BRADSHAW</u>		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) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARTIN J. DUDDY JR.</u> ADDRESS <u>9753 PORTAGE DR.</u>
18. CAUSE OF DEATH Enter only 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Immaturity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature delivery - 24 weeks</u> DUE TO (c) <u>Placenta Circumvallata</u> 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 _____	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? <u>6793</u>
22. I hereby certify that I attended the deceased from <u>8/22, 1955</u> , to <u>8/22, 1955</u> , that I last saw the deceased alive on <u>8/22, 1955</u> , and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Roy V. Bredleker M.D.</u>		23b. ADDRESS <u>753 N. Taylor</u>	23c. DATE SIGNED <u>8/23/55</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>AUG 24 1955</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4865

P. O. Address 4600 Natural
Brid

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.