

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3372

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 500 Registrar's No. 116

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Afton</b> |  | c. CITY OR TOWN <b>Maplewood</b>  | c. LENGTH OF STAY (In this place) <b>6 days</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Henninger Nursing Home</b>                     |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |   |
| e. STREET ADDRESS <b>3036 Bartold Ave.</b>  |  | e. STREET ADDRESS (If rural, give location)   |   |

|   |                               |   |  |   |  |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Mimmie</b> b. (Middle) <b>Emelia</b> c. (Last) <b>Dudeck</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 13th 1956</b> |   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b> | 8. DATE OF BIRTH <b>July 12th 1881</b>                     | 9. AGE (In years last birthday) <b>74</b>                         | 10. IF UNDER 1 YEAR <b>6</b> Months <b>1</b> Day |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dress Making</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Seamstress</b>                         |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b> |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |                               |   |  |   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Reinhold Dudeck</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Anna Hauke</b> |  | 14. NAME OF HUSBAND OR WIFE <b>None</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>498-01-5272A</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Godfrey Dudeck, 27 Lemp Rd Kirkwood, Mo.</b> |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>Years</b> |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Heart Disease</b> |  | <b>Years</b>                                  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 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) <b>260x</b>                      |  |
| 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? _____   |  |

22. I hereby certify that I attended the deceased from **Jan 6**, 1956, to **Jan 13**, 1956, that I last saw the deceased alive on **Jan 12**, 1956, and that death occurred at **4:30 AM**, from the causes and on the date stated above.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <b>Vincent J Founsen</b>          |  | 23b. ADDRESS <b>3101 1/2 Sutton Ave Maplewood, Mo.</b> |  | 23c. DATE SIGNED <b>1-13-56</b>                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>           |  | 24b. DATE <b>1-16-56</b>                               |  | 24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b> |  |  |  |   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <b>1-14-56</b> |  | REGISTRAR'S SIGNATURE <b>Hubert B. Rombe MD</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH, Maplewood, Mo.</b> |  |
|---|--|---|--|--|--|

24. (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.....  
Signature of Student Embalmer

Signed.....  
*H. P. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maple*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.