

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25580**
 FILED AUG 1 - 1956
 BIRTH NO. **26974-56** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1734**

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MO b. COUNTY ST. LOUIS | |
| b. CITY (If outside normal limits with R.R. and give distance in miles) OR TOWN NORMANVILLE 2.5 | | c. CITY OR TOWN ST. ANN, MO | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in hospital) 14 HRS. | | e. STREET ADDRESS (If rural, give location) 4334 ST. DOMINIC | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC | | f. FULL NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LEROY c. (Last) FUDGE | |
| 3. NAME OF DECEASED | 4. DATE OF DEATH (Month) (Day) (Year) 7 17 56 | 5. SEX MALE | 6. COLOR OR RACE WHITE |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH MARCH 19/56 | 9. AGE (In years last birthday) 3 | IF UNDER 1 YEAR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME LEONARD FUDGE | 13b. MOTHER'S MAIDEN NAME ANNA MAE HALBERT | 14. NAME OF HUSBAND OR WIFE NONE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Fudge 4334 St. Dominic | |
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septis ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Streptococcal Septicemia DUE TO (c) none | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 0530 | |
| 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? fall | | 22. I hereby certify that I attended the deceased from 7-16-56 , to 7-17-56 , that I last saw the deceased alive on 7-16-56 , and that death occurred at 1:45 PM , from the causes and on the date stated above. |
| 23a. SIGNATURE (Degree or title) Marion L. Richardson | 23b. ADDRESS 2335 Brown Rd | 23c. DATE SIGNED 7-19-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7(18)1956 | 24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
| DATE REC'D BY LOCAL REG. 7-17-56 | REGISTRAR'S SIGNATURE Herbert R. Donaldson | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Callier Mortuary 10123 St. Charles Rd | |

(Licensed Embalmer's Seal Here 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 *Sheldon Collier*.....

Licensed Embalmer No. *338*

P. O. Address *10123 St. Ch...*

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.