

FILED SEP 4 1957

## STANDARD CERTIFICATE OF DEATH

30401  
STATE FILE NUMBER

Registration District No. 710 Primary Registration District No. 590 Registrar's No. 2034

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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, give TOWNSHIP only) OR TOWN <u>St. Ann</u>		c. CITY OR TOWN <u>St. Ann</u> <u>4000</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10736 St. Xavier</u>		Length of stay in lb <u>8 Days</u>	d. STREET ADDRESS (If outside, give location) <u>10736 St. Xavier</u>
3. NAME OF DECEASED (Type or print) First <u>Rose</u> Middle <u>E.</u> Last <u>Pudwell</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>15</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 28, 1888</u>
9. AGE (In years last birthday) <u>69</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>De Soto Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>John A. Johnson</u>	14. MOTHER'S MAIDEN NAME <u>Nancy E. Arnold</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>
16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Patricia Scherer</u>	Address <u>3640 St. Bridget</u>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ape plexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>443X</u>	20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY
20g. STATE	21. I attended the deceased from <u>1948</u> to <u>Aug 15, 1957</u> and last saw her alive on <u>Aug 14, 1957</u> Death occurred at <u>5</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) <u>William G. Vardell, M.D.</u>	22b. ADDRESS <u>8711 St. Charles Rd. St. Louis 14, Mo.</u>
22c. DATE SIGNED <u>16 Aug 1957</u>	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 19 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>
23d. LOCATION (City, town, or county) <u>St. Louis County</u>	23e. STATE <u>Mo.</u>	24. FUNERAL DIRECTOR <u>Collier Mortuary</u>	ADDRESS <u>St. Ann, Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>8-16-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Danke M.D.</u>	27. REGISTRAR'S SIGNATURE <u>and</u>	28. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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. *33*

P. O. Address *St. An*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.