N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space

8332

File No. 31064

Registered No.

1. PLACE OF DEATH

County SEP 13 1934 Registration District No. 791

Township Primary Registration District No. 1003

City St. Louis, Mo. (No. 2322 Minnesota Ave St. Ward)

2. FULL NAME Anna Judell

(a) Residence, No. 2322 Minnesota Ave Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick C. Judell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Christopher Spuehler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Mary Katz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Frederick C. Judell 2322 Minnesota

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory Aug 17 1934

19. UNDERTAKER (ADDRESS) J. Finch Boyd 2203 Grand Blvd

20. FILED AUG 15 1934 J. P. Broderick Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov - 18, 1927, to Aug 14, 1934.

I last saw her alive on Aug 13 - 10 p.m., 1934. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Simple Hypertension	
Encephalitis - Parkinsonian Syndrome	1930
Basal Ganglion Degeneration (Post Encephalitic)	1930

Other contributory causes of importance:

Myocarditis Chr.	1927?
Mal nutrition (inanition)	

Name of operation ——— Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry G Bristow M. D.

(Address) 817-212 Univ Club Bldg.

Univ. Club Bldg.
Grand & Washington
11-12