

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

12741

Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. 1536 Papin ST. MARY'S INF. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3345**2. PRINT FULL NAME Carrie Judkins 325

(a) Residence, No. 4319 San Francisco Ave. St. TO
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Judkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework
 9. Industry or business in which work was done, as 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) St. Louis
 (STATE OR COUNTRY) Missouri

13. NAME George Williams

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

15. MAIDEN NAME Julia Dundee

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

17. INFORMANT Arsenie Williams
 (ADDRESS) 4318 San Francisco Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE April 9 1938

19. FUNERAL DIRECTOR Russell Undertaking Co.
 (ADDRESS) 2732 Pine Street

20. FILED APR 9 1938 J. P. Debeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to April 7, 1938
 I last saw her alive on April 6, 1938. Death is said to have occurred on the date stated above, at 1:37 a.m.

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

HYPERTENSIVE HEART DISEASE
CHRONIC NEPHRITIS
DIABETES MELLITUS

Date of onset

Other contributory causes of importance:
Subterminal Pneumonia

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) William H. Ankler, M. D.
 (Address) 901 N. Vandeventer Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

317-7-37
I X12004

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

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.)