

Registration District No. 791 Primary Registration District No. 1003

RECORDED OCT 25 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs 6 mos. (Specify whether  
In this community 44 yrs 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis, Missouri 13  
(If outside city or town limits, write "RURAL")  
City Sanitarium  
City No. 3400 Arsenal St  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lillian Judge

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 31, 1896  
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Telephone Operator 1

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Judge 5

13. Birthplace Unknown Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Kidd

15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Degeen

(b) Address 5400 Arsenal St.

17. (a) Buried (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Church

18. (a) Signature of funeral director Thos. J. ...

(b) Address 1519 S. ...

19. (a) SEP 6 1940 (b) J. Degeen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 5,  
year 1940 hour 6:50 minute a.m. M.

21. I hereby certify that I attended the deceased from July 1, 1939 to Sept. 5, 1940  
that I last saw her alive on Sept. 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum with Metastases to Liver

Due to 7-1-39x

Due to \_\_\_\_\_

Other conditions 46  
(Include pregnancy within 3 months of death)

Major findings: Yes  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Robert H. Howe (M. D. or other) M.D.  
Address 5900 Arsenal Date signed 9/5/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Howard P. Rowland*

Licensed Embalmer No. ....

*3114*

P. O. Address.....

*At Home*

**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 this body is not embalmed, fact should be so stated above.**