

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22779

State File No. _____
Registrar's No. 1360

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Admitted 6/26/41
unknown. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Joseph P. Jud
3. (b) If veteran, name war Philippine Insurr. 3. (c) Social Security No. 494-05-7877

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 17, 1879
(Month) (Day) (Year)
8. AGE: Years 62 Months 4 Days 10 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Mail room - Globe Democrat

11. Industry or business _____
12. Name Unavailable
13. Birthplace Unavailable Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Unavailable
15. Birthplace Unavailable St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant M. Dehling
(b) Address Clinical Clerk, Inf. Jeff. Bks., Mo.
17. (a) Burial (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway
JUN 29 1941
19. (a) (Date received local registrar) (b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3285 Watson Road
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June 27 day _____
year 1941 hour 4:50 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from June 26, 1941 to June 27, 1941
that I last saw him alive on June 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary arteriosclerotic and hypertensive heart disease, cardiac enlargement, aortic and mitral valve damage, and myocardial damage, myocardial insufficiency and auricular fibrillation.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy No 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) NO
(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?

(e) While at work _____ (Specify type of place)
23. Signature C. W. HUGHES, M.D. (M. D. or other)
Address Chief Medical Officer. Date signed 6/28/41

JUN 29 1941

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *Elmer D. McArthur*

Licensed Embalmer No. *3024*

P. O. Address.....

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.