

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

ADG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5450

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 1404 rear Cole St.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
In this community 42 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emmett Judson

3. (b) If veteran, name war World War

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased 8 15 1889

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Andrew Judson

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

14. Maiden name Unknown

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

16. (a) Informant Alice Long

(b) Address 1404 rear Cole St.

17. (a) Burial (b) Date thereof 7-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Bennie Howe

(b) Address 3103 Washington

19. (a) JUL 2 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1404 rear Cole St.
(If rural, give location)

(e) ~~Physician~~ Physician years _____

20. DATE OF DEATH: Month June day 30
year 1941 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Sclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) _____ (b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Date signed 7/27/41

AUG 27 1944

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

William P. Sherman

Licensed Embalmer No. *3962*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above: