

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8780

State File No. 2497

Registrar's No.

FILED APR 8 1942 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 month, 27 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jo Anne Judnich

3. (b) If veteran, name war No
3. (c) Social Security No. None

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

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

7. Birth date of deceased February 19, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Judnich
13. Birthplace San Francisco California
(City, town, or county) (State or foreign country)
14. Maiden name Estalee Greene
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Judnich

(b) Address 5424 Janet Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof Mar. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) MAR 20 1942 (b) J. F. Priedel
(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. 5424 Janet Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th,
year 1942 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from Feb 20 1942 to Mar 18 1942
that I last saw him alive on March 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____
Hemorrhagic consolidation
at bases of both
Due to lungs

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

Major findings: _____
Of operations _____

Of autopsy Hemorrhagic areas at bases of lungs
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) (e) Means of injury _____

23. Signature L. L. Collins (M. D. or other) _____
Address 4300 Olive Date signed 3/18/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

John A. Melinar
.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John A. Melinar
.....

Licensed Embalmer No.....

4186

P. O. Address.....

St. Louis, Mo.

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.