V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8217

MAR 20 1943

Registration District No. 212 — Primary Registration District No. 1003 — Registrar's No. 2291

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 7620 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Judith Ann DeClue

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 13 (Day) 1942 (Year)

8. AGE: Years 0 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Patrick J. DeClue
13. Birthplace Crystal City (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Marie Garcia
15. Birthplace Patrick J. DeClue (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant Patrick J. DeClue
(b) Address 7620 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) MAR 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1943 hour 5 minutes 57 a. M.

21. I hereby certify that I attended the deceased from Chiloney, 19, to 3-7-43; that I last saw her alive on 3-6-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Strep. Laryngo-tracheitis

Due to

Due to 106

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address 6639 Va. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Eades

6639 Eade

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 Paul A. Shanklin Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 784 So. Broadway

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.