

FILED MAY 14 1943
Registration District No. 1818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
In this community 35 yrs. (Specify whether years, months or days)

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. 3918 Westminster
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Thomas Patrick Judge

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Jan. 26 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 1 hr. min.

9. Birthplace Indianapolis, Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name James C.
13. Birthplace Madison, Ind
(City, town, or county) (State or foreign country)
14. Maiden name Julia Cantlon
15. Birthplace Indianapolis, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 5/1/43
(Burial, cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Bocklase

(b) Address 6536 Clayton Road

19. (a) APR 29 1943 (b) J. F. Bredech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour minute 4:10 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 Squamous Cell Carcinoma of neck, Terminal Pneumonia, Chronic (Old) myelitis, with long hospital stay following his walking into an automobile driven upon by Samuel Hosselby at Kankakee and Blue Springs, March 1, 1943.
Other conditions 1943 1945
(Include pregnancy within 3 months of death)

Major findings: Of operations 170
Of autopsy 71
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) Accident 000
(b) Date of occurrence March 1943
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? no (Specify type of place) (c) Signs of injury Auto

23. Signature Thomas J. Hannon (or D. or other)
Address Deputy Grover Date signed 4-28-43

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.....

J. Allen Davis Jr
Licensed Embalmer No. *4053*

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.