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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0

Registrar's No. 847

FILED MAY 6 1943
Registration District No. 377

Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1525 Andrews
(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:

(a) State Missouri (b) County Douglas

(c) City or town Ava
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Brush Judd

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

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Martha Judd

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

7. Birth date of deceased November 1 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	4	hr. min.

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

10. Usual occupation Merchant

11. Industry or business

12. Name Henry Judd

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

14. Maiden name Bell C. Gurry

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

16. (a) Informant Mrs. E. V. Holstine

(b) Address 1525 Andrews Lane

17. (a) Burial (b) Date thereof 4/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymoor, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) APR 9 1943 (b) E. J. Mc Loran MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 3/31, 1943, to 4/5, 1943;
that I last saw him alive on 4/5, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma, colon at hepatic flexure

Due to.....

Due to.....

Other conditions Carcinoma liver,
(Includes pregnancy within 3 months of death)

Major findings:
Of operations metastatic
Carcinoma liver,
metastatic

Of autopsy 462

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?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature J. D. Stechle (M. D. or other) MD
Address 104 J. Adams, Berkeley Date signed 4/6/43

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 Ray W. Wilkinson

Licensed Embalmer No. 3575

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.