

Registration District No. 13
FILED MAY 13 1944

Primary Registration District No. 1003

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

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: St. Louis Children Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town St Louis Richmond 6627
(If outside city or town limits, write "RURAL")

(d) Street No. 7701 2703 Lile
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Judith Ann Card

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Nil

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

7. Birth date of deceased May 15 1936
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 5-1 1944 to 5-6 1944:
that I last saw her alive on 5-6 1944:
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>11</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Tumor of pons non-suppurative

Due to _____

Due to 5-6 d

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

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

10. Usual occupation School Girl

11. Industry or business _____

MOTHER FATHER { 12. Name Edward H Card

{ 13. Birthplace Webster Grove Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sylvia Detjen

{ 15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Edward H Card

(b) Address 3701 Lile

17. (a) Burial (b) Date thereof May 9 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

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? _____

18. (a) Signature of funeral director Ray Miller

(b) Address 5041 Selman Blvd

19. (a) MAY 8 1944 (Date received local registrar)

J.F. Bredbeck (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R.J. Bluth (M. D. or other)

Address 56 N. Canby Date signed 5-6-44

NOV 5 1953

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 *Howard G. Beuland*

Licensed Embalmer No. *3114*

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.