

BUREAU OF THE CENSUS  
**FILED DEC 15 1944**

10417  
Registrar's No.

Registration District No. **318**

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:  
4778 Wren Ave.  
(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)

**3. (a) PRINT FULL NAME** John Jeude

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security No.** None

**4. Sex** Male **5. Color or race** White

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

**6. (b) Name of husband or wife** Ida Lang Jeude

**6. (c) Age of husband or wife if alive** 78 years

**7. Birth date of deceased** November 24 1868  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>11</u>	hr. _____ min.

**9. Birthplace** Darmstadt Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Wood Turner (retired)

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** John Jeude

{ **13. Birthplace** Germany  
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Alsmekberger

{ **15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Ida Jeude

**(b) Address** 4778 Wren Ave.

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** 12 9 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary

**18. (a) Signature of funeral director** Stroot Carroll

**(b) Address** 4600 Natural Bridge Ave.

**19. (a) DEC 6 1944** J. F. Brudick  
(Date received local registrar's certificate) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County MO 17 7

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

(d) Street No. 4778 Wren Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 5 year 1944 hour 4 minute 25 P. M.

**21. I hereby certify that I attended the deceased from** Sept 1 1944 to Dec 5 1944  
**that I last saw him alive on** Dec 1st 1944  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death** \_\_\_\_\_

**Due to** General hypertension  
arterio-sclerosis

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_

**Of operations** \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**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? \_\_\_\_\_

**23. Signature** R. P. Menown (M. D. or other) M.D.

**Address** 5330 Judal Drive 12/4/44

Duration

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Heldon Collier

Licensed Embalmer No. 3382

P. O. Address J. Howe, Inc

**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.**