

FILED MAR 31 1947 318
Registration District No. _____

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, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME RICKEY JUDKINS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased February 21, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days 26 If less than one day hr. min. 0 0 26

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

10. Usual occupation infant

11. Industry or business _____

12. Name Howard H. Judkins

13. Birthplace San Antonio Texas
(City, town, or county) (State or foreign country)

14. Maiden name Reva L. Cofer

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

16. (a) Informant Reva L. Cofer

(b) Address 1031 Lafayette Avenue

17. (a) burial (b) Date thereof 3-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) MAR 18 1947 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1031 Lafayette Avenue
Memorial (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1947 hour 3:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from 3/12/47
_____, 19____, to 3/17/47, 19____;
that I last saw him alive on 3/17/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure with Hydrothorax

Due to Diarrhea etiology undetermined

Other conditions (Include pregnancy within 3 months of death) 119

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? _____

While at work? At St. Matthews Memorial injury 0

23. Signature 1515 Lafayette 3/17/47
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *A W Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address..... *2301 Lafayette*.....

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.