V. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19002

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5119

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 Anthony Hospital (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 Mo (b) County St Louis
(c) City or town Jemay (If outside city or town limits, write "RURAL")
(d) Street No. 252 Wachtel (If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline Judd
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John J Judd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 8 (Month) 1869 (Day) (Year)

8. AGE: Years 78 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
10. Usual occupation House work
11. Industry or business at Home
FATHER
12. Name ? Buesser
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Barbara Buesser
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
16. (a) Informant John Judd
(b) Address Jemay Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 5/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter Paul Gendler Und Co
18. (a) Signature of funeral director
(b) Address 7420 Michigan Av
19. (a) MAY 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21 year 1947 hour 4 minute AP M.
21. I hereby certify that I attended the deceased from 5-17-47, 19, to 5-21, 1947 that I last saw her alive on 5-21-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ac dilation of heart (cardiac collapse)	1 hr
Due to: chronic myocarditis	several yrs.
Due to:	
Other conditions: Post operative Cond. (Include pregnancy within 3 months of death)	oper. 2 days prev.

Major findings: Of operations: Operation for Volvulus of Intestine.
Of autopsy

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work — (e) Means of injury —
23. Signature Erwin D. Creakins (M. D. or other)
Address 748 Lemay Ferry Rd Date signed 5/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Oliver C. Fendler

Licensed Embalmer No. 4948

P. O. Address St Louis, Mo.

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.