No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17709

Registrar's No. 5114

WRITE PLAINLY—USING 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: Park Lane Hospital 0
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3850 West Pine Blvd. 9
(If rural, give location)

19

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Judge

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 3-21-1869 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Richmond (City, town, or county) Virginia 1 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Fred W. Judge
13. Birthplace Baltimore (City, town, or county) Md. 1 (State or foreign country)

MOTHER
14. Maiden name Ellen M. Kidd
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Frances Judge
(b) Address 3850 West Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Finan
(b) Address 1519 S. Grand Blvd

19. (a) JUN 3 1948 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 -1948
year 11 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from June 15, 1947 to June 1, 1948
that I last saw her alive on June 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 2 days

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Clyde E. Kane (M. D. or other) MD

Address 706 Walton St Louis Date signed 6/7/48

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 J Allen Davis

Licensed Embalmer No. 5043

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.