

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 24417
Registrar's No. 6827

Registration District No. 318

Primary Registration District No.

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: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YRS (Specify whether
In this community 2 YRS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME PARK W. JUDAH

3. (b) If veteran, no 3. (c) Social Security No. N

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NINA M. JUDAH 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased OCT 3 - 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 29 If less than one day hr. min.

9. Birthplace GUTHRIE INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business WHOLE SALE MILLINERY

12. Name WAYNE PARKE JUDAH

13. Birthplace UNKNOWN INDIANA (City, town, or county) (State or foreign country)

14. Maiden name MINERVA ADA DUNCAN

15. Birthplace UNKNOWN INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant MR'S NINA M. JUDAH

(b) Address 211 HAWTHORNE AVE.

17. (a) BURIAL (b) Date thereof AUG 4 - 1948 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker and Co.

(b) Address WEBSTER GROVES MO.

19. (a) AUG 4 - 1948 (b) J. F. Brudeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES 96
(If outside city or town limits, write "RURAL")
(d) Street No. 211 HAWTHORNE AVE. 7
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1948 hour 11 minute 2 A. M.
21. I hereby certify that I attended the deceased from July 30 1948 to Aug 2 1948
that I last saw him alive on Aug 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 3 days

Due to CH

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy coronary occlusion right branch posterior

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 Victor Rees (M. D. or other)

Address Webster Groves, Mo. Date signed 8/3/48

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 _____

Van M. Seymour

Licensed Embalmer No. *4343*

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.