

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1949

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State File No.

352823
9137

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 4926 Forest Park Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Matthew		b. (Middle)		c. (Last) Juda		4. DATE OF DEATH (Month) (Day) (Year) 10-23-49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH July 8, 1861		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY School Teacher		11. BIRTHPLACE (State or foreign country) Madison Co., Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Juda		13b. MOTHER'S MAIDEN NAME Anna Zerna		14. NAME OF HUSBAND OR WIFE Emma Juda			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard A. Juda, 524 Cows, Joliet, Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Anemia (Secondary)</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>Yrs</i> <i>Yrs</i> <i>Months</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4270</i>			
22. I hereby certify that I attended the deceased from <i>7-25</i> <i>1949</i> , to <i>10-22</i> , 1949, that I last saw the deceased alive on <i>10-22</i> , 1949, and that death occurred at <i>8:45</i> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>David A. Munsch M.D. U</i> (Degree or title)				23b. ADDRESS <i>33 N. Meramec Clayton</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>10-25-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Keystone</i>		24d. LOCATION (City, town, or county) (State) <i>St. Jacobs, Ill.</i>	
DATE REC'D BY LOCAL REG. <i>OCT 24 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Baseler</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Fred M. Williams</i>		ADDRESS <i>4535 Washington Blv</i>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Wm. Bentley

Licensed Embalmer No. _____ 365

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.