

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21661  
State File No. ....  
5582  
Registrar's No. ....

FILED JUL 5 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u>  |  |
| c. LENGTH OF STAY (In this place)<br><u>76 Yrs</u>                                       |  | d. STREET ADDRESS (If rural, give location)<br><u>6729 Arthur Avenue</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>                   |  |   |  |

|  |            |             |                           |   |
|--|------------|-------------|---------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br><u>Ferdinand</u> | a. (First) | b. (Middle) | c. (Last)<br><u>Jeude</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 24 1950</u> |
|--|------------|-------------|---------------------------|---|

|                       |                                  |  |  |  |                            |                          |                           |                         |
|-----------------------|----------------------------------|--|--|--|----------------------------|--------------------------|---------------------------|-------------------------|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Dec. 31, 1873</u> | 9. AGE (In years last birthday)<br><u>76</u> | 10. UNDER 1 YEAR<br>Months | 11. UNDER 1 YEAR<br>Days | 12. UNDER 1 MIN.<br>Hours | 13. UNDER 1 MIN.<br>Mn. |
|-----------------------|----------------------------------|--|--|--|----------------------------|--------------------------|---------------------------|-------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Receiving clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Wholesale Dry Goods</u> | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |
|---|---|---|---|

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|--|---|--|
| 13a. FATHER'S NAME<br><u>John Herman Jeude</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Katherina Diehl</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Anna Halla</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.<br><u>494-09-4264</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Anna Jeude 6789 Arthur Ave</u> | ADDRESS |
|--|---|--|---------|

|   |   |  |                                  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Urinary Bladder</u>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

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|--|---|---|
| 19a. DATE OF OPERATION<br><u>1/31/50</u> | 19b. MAJOR FINDINGS OF OPERATION<br><u>Suprapubic Cystostomy - Infiltrating C. of Bladder</u> | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|  |  |   |
|--|--|---|
| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>181X</u> |
|--|--|---|

22. I hereby certify that I attended the deceased from June 13 <sup>19</sup>50 to June 24 <sup>19</sup>50, that I last saw the deceased alive on June 24 <sup>19</sup>50, and that death occurred at 12:00 Noon <sup>19</sup>50, from the causes and on the date stated above.

|   |  |                                    |
|---|--|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Robert W. Spanding, M.D.</u> | 23b. ADDRESS<br><u>Firmin Desloge Hospital</u> | 23c. DATE SIGNED<br><u>6/28/50</u> |
|---|--|------------------------------------|

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>June 27, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lake Charles Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u> |
|--|-----------------------------------|--|---|

|   |   |  |         |
|---|---|--|---------|
| DATE REC'D BY LOCAL REG. <u>JUN 27 1950</u> | REGISTRAR'S SIGNATURE<br><u>J. B. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis</u> | ADDRESS |
|---|---|--|---------|

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Max L. Wray*

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis

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.