

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28283
State File No.

BIRTH NO. 52869-00 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7194

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Anthony Hospital,</u>		d. STREET ADDRESS (If rural, give location) <u>3850 Humphrey St.,</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Infant</u>	b. (Middle) <u>Judith Ann</u>	c. (Last) <u>Heuduck,</u>	(Month) <u>August</u>	(Day) <u>23,</u>	(Year) <u>1950</u>
5. SEX <u>Female,</u>	6. COLOR OR RACE <u>White,</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single.</u>	8. DATE OF BIRTH <u>August 22, 1950</u>	9. AGE (In years last birthday) <u>0-0-</u>	# UNDER 1 YEAR Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Arno Heuduck,</u>	13b. MOTHER'S MAIDEN NAME <u>Delpha Deterding,</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. -----NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arno Heuduck, 3850 Humphrey St.,</u>

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, asthenia, 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>Erythrablastosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rh neg mother</u> DUE TO (c) <u>Rh positive father</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>770.0</u>

22. I hereby certify that I attended the deceased from 22 Aug, 1950, to 23 Aug, 1950, that I last saw the deceased alive on 22 Aug, 1950, and that death occurred at 4:00A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles A. Nester MD</u>	23b. ADDRESS <u>5600 S. Canston</u>	23c. DATE SIGNED <u>8-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>	24b. DATE <u>Aug. 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri,</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 24 1950</u> <u>J. B. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St.,</u> <u>St. Louis, Mo.</u>
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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 ME

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.

NO EMBALMING*