

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9506**
Registrar's No. **2528**

FILED MAR 31 1955

BIRTH NO. **17310-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

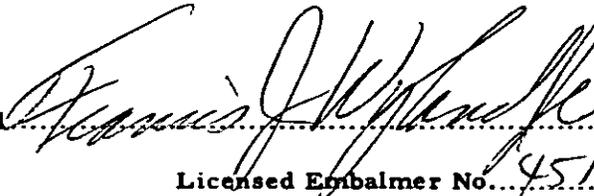
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write BURIAL and give town) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		e. STREET ADDRESS (If rural, give location) 6749 Alabama	
3. NAME OF DECEASED (Type or Print) Judy Lynn DeFlurin		4. DATE OF DEATH (Month) (Day) (Year) Mar. 20, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Mar. 3, 1955
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
13a. FATHER'S NAME Walter DeFlurin		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT'S SIGNATURE OR NAME Walter DeFlurin ADDRESS 6749 Alabama	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MAJOR FINDINGS OF OPERATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) respiratory failure (arteriosclerotic?)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		21. ACCIDENT - SUICIDE HOMICIDE (Specify)	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		22. I hereby certify that I attended the deceased from 3-3 , 19 55 , to 3-20 , 19 55 , that I last saw the deceased alive on 3-19 , 19 55 , and that death occurred at 6:45 m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Chester P. Sprueller M.D.		23b. ADDRESS 3209 S. Grand	
24a. BURIAL, CREMATION REMOVAL burial removal		24b. DATE 3-21-55	
24c. NAME OF CEMETERY OR CREMATORY National Cem.		24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.	
DATE REC'D BY LOCAL REG. MAR 21 1955		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.	

Dr. Lynxwiler
. at Desloge Hospital after 930 a.m.
in/c Childrens Heart Clinic at Hosp.

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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 451

P. O. Address 6322 So. St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.