

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13525**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3486**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital		STREET ADDRESS (If rural, give location) 25 Mark Twain Hotel 8th & Pine	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Henry		b. (Middle) Charles	
c. (Last) Judge		Date: April 18, 1955	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
		W.	May 24, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Manager		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
13a. FATHER'S NAME Arthur J. Judge		14. NAME OF HUSBAND OR WIFE Mrs. Mary Judge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marshall Cochran, 525 Clara Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		INTERVAL BETWEEN ONSET AND DEATH 1 month	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 5271			
22. I hereby certify that I attended the deceased from April 15, 1955 , to April 18, 1955 , that I last saw the deceased alive on April 18, 1955 , and that death occurred at 7 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Jack Zuelener		23b. ADDRESS 4500 Olive Street, St. Louis, Mo.	
23c. DATE SIGNED 4-19-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21, 1955	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 19 1955		REGISTRAR'S SIGNATURE J. Earl Smith, on d. Arthur J. Donnelly	
25. FUNERAL DIRECTOR'S SIGNATURE E.P.		ADDRESS 3840 Lindell Blvd.	

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

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(Licensed Embalmer's Statement on Reverse Side)

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....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm L. Saper.....

Licensed Embalmer No. 469

P. O. Address 3840 Lind

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.