

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20592

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 543 Registrar's No. 1324

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Jennings</u>)		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? <u>Yes</u> No <u>0</u>
c. LENGTH OF STAY (in this place) <u>14 Mon's</u>		e. STREET ADDRESS (If rural, give location) <u>4611 Greer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hallsferry Memorial Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FREDA</u>	b. (Middle)	c. (Last) <u>JEUDE</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>June 10, 1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 25, 1869</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>85</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dress Maker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Golden Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Casper Jeude</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Garriott</u>	14. NAME OF HUSBAND OR WIFE <u>none</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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas Callahan Grafton, Ill.</u>	ADDRESS
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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, asphyxia, 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>Cerebral thrombosis</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic Cardiac vascular disease</u> DUE TO (c)		<u>unknown</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 type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from April 28, 1954, to June 10, 1955, that I last saw the deceased alive on May 30, 1955, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Littmann MD</u>	(Degree or title)	23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>6-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethaney</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/11/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Callan Kelly</u>	ADDRESS <u>7267 Natural Bridge</u>
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Licensed Embalmer's Statement on Reverse Side

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

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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 *James A. Lamm*

Licensed Embalmer No. *417*

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