

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27838**
Registrar's No. **7082**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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 RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) Lifetime	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2827 Abner Place			STREET ADDRESS (If rural, give location) 6 2827 Abner Place (20) 206 1/2		
3. NAME OF DECEASED (Type or Print) a. (First) EDNA		b. (Middle) E.		c. (Last) JUDLIN	
4. DATE OF DEATH August 11, 1955		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 18, 1880		9. AGE (to years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Lincoln Engineering		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Judlin		13b. MOTHER'S MAIDEN NAME Mary Wilks	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 498-05-9515A	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Johanna Droege		ADDRESS 3817 Kossuth Ave			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma from chest-abdomen DUE TO (c) adeno carcinoma Rt. Colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 days 6 mon 6 mon
19a. DATE OF OPERATION 6/8/55		19b. MAJOR FINDINGS OF OPERATION non-resectable Carcinoma Rt. Colon			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) 153 X	
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? _____	
22. I hereby certify that I attended the deceased from June 8, 1955 , to Aug 11, 1955 , that I last saw the deceased alive on Aug 10, 1955 and that death occurred at 4:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. Carl Smith M.D.			23b. ADDRESS 4952 Maryland		23c. DATE SIGNED 8/11/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-13-55		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, MO		DATE REC'D BY LOCAL REG. AUG 13 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SON'S		ADDRESS 3934 v N. 20th Street			

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Custar W. Peter*.....

Licensed Embalmer No. *432*.....

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.