

No. 2
-13-40
17-39
T X23159

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LUKES' HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town UNIVERSITY CITY - MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1241 NORTH + SOUTH RD.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour one minute 55 P.M.
21. I hereby certify that I attended the deceased from July 1
1941 to July 23 1941;
that I last saw her alive on July 23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema
Bronchitis

Duration

Due to _____
Due to _____

Other conditions Hydrocephalus, Congenital
Spina bifida
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JUDY MUGHOW

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 27 1941
(Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 26 If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business _____

12. Name ELMER MUGHOW

13. Birthplace CHICAGO ILL.
(City, town, or county) (State or foreign country)

14. Maiden name MILDRED WUNDERLAN

15. Birthplace CHICAGO ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant ELMER MUGHOW

(b) Address 1241 NORTH + SOUTH RD.

17. (a) REMOVAL (b) Date thereof 7/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHICAGO, ILL.

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7144 MANHESSEE AV.

19. (a) 7/25/41 (b) J. T. Brueck
(Date received local registrar) (Registrar's signature)

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address. *7146 Manchester*

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.