

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

23412

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Johns Hospital) St. .... Ward)

**2. FULL NAME**

(a) Residence No. 4310 a Gibson St., 18 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha A. Hudgens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 / 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
52 8 24

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Stable man  
 (b) General nature of industry, business, or establishment in which employed (or employer) Employe  
 (c) Name of employer Perey Dairy Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg Mo

10. NAME OF FATHER Ballard Hudgens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dunmore

12. MAIDEN NAME OF MOTHER Sarah E. Light

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dunmore

14. INFORMANT (Address) Martha A. Hudgens 4310 a Gibson

15. FILED 1929 W. O. Sturtevant REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/29 1929

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1929, to June 29, 1929, that I last saw him alive on June 29, 1929, and that death occurred, on the date stated above, at 105 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis

131 115B 179 A (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Uremic Coma & Ludwig's Angina Operation for Ludwig's Angina (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Ludwig's Angina

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 18<sup>th</sup> 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) W. J. Gallagher, M. D.  
71 E. 129 (Address) University Club Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newburg Mo DATE OF BURIAL July 2 1929

20. UNDERTAKER Reigelman and Co ADDRESS 4104

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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