

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

Do not use this space.

37172

1. PLACE OF DEATH
 County..... Registration District No. 1000
 Township..... Primary Registration District No.
 City St. Louis (No. ISOLATION HOSPITAL) St. Ward
2. FULL NAME Willette Hudson
 (a) Residence, No. 4324 Garfield St., 11 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan, 7, 1920</u>		
7. AGE	YEARS <u>12</u>	MONTHS <u>9</u>
	DAYS <u>26</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>City St. Louis Missouri</u>		
FATHER	13. NAME <u>Alton Hudson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
MOTHER	15. MAIDEN NAME <u>Florence Kier</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
17. INFORMANT <u>Leona Burnham</u> (ADDRESS) <u>ISOLATION HOSPITAL</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>St. Peters</u>	DATE <u>11/7 1932</u>
19. UNDERTAKER <u>W. Russell Bond</u> (ADDRESS) <u>27 Russell Bond Co</u>		
20. FILED	<u>NOV - 5 1932</u>	<u>W. C. Stanley</u> Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 2, 1932
 I last saw her alive on Nov 2, 1932 Death is said to have occurred on the date stated above, at 9:20 AM.
 The principal cause of death and related causes of importance were as follows:
Depletion, Heart Failure Date of onset 10-17
107A
93A 10 10
 Other contributory causes of importance
Acute toxic Myocarditis 11-2
Bronchopneumonia 10-29

Name of operation..... Date of.....
 What test confirmed diagnosis..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury..... 19.....
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify John C. Scheubauer M. D.
 (Signed) John C. Scheubauer
 (Address) ISOLATION HOSPITAL

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.

