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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 503

City ST. Louis, MO. (No. Peoples Hospital St. ..... Ward)

File No. 34537a

Registered No. 10708

2. FULL NAME George Hudson

(a) Residence, No. 2305 ST. Charles St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 52 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1st.

7. AGE: YEARS 52 | MONTHS ? | DAYS ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
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): ST. Louis MO.

FATHER
13. NAME: Alexander Hudson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Amanda Nattie.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Georgia Dandridge 2305 St. Charles

18. BURIAL, CREMATION, OR REMOVAL PLACE: ROTTERS PRECO DATE: DEC. 13 1933

19. UNDERTAKER (ADDRESS): T. Stafford City Hosp #2

20. FILED: DEC 13 1933 J. G. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/25/, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 7/24/, 1933, to 10/25/, 1933.
I last saw him alive on 10/25/, 1933. Death is said to have occurred on the date stated above, at 5A. m.
The principal cause of death and related causes of importance were as follows:

47A
Carcinoma of Larynx.
118B

Date of onset

Other contributory causes of importance: 47

Name of operation: Gastrostomy Date of 4/20/33.
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (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
(Signed) Blair M. Carter, M. D.
(Address) Peoples Hospital.