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.

22053

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 5807

Township..... Primary Registration District No. 1003 Registered No.

City St Louis Mo (No. ..... Isolation Hosp. St. ..... Ward)

2. FULL NAME John L. Hudson M

(a) Residence, No. Osage Hills (Kirkwood) St. ..... Ward.
(Usual place of abode) St Louis county (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Olive mae Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	27	4	2	

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) missouri

FATHER

13. NAME John W Hudson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Henrietta Carmack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Leona Burns (ADDRESS) 3600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE 6-13-1934

19. UNDERTAKER Louis H Bopp (ADDRESS) Kirkwood

20. FILED JUN 11 1934, 19.... J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30 1934, to June 10 1934

I last saw h. alive on June 10, 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	5-16
IOTR	

Other contributory causes of importance: Bronchopneumonia

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? 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? No

If so, specify

(Signed) John Eichenberger M.D.

(Address) ISOLATION HOSPITAL