SEP 25 1935

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

Do not use this space.

27537

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township ~~Clayton~~ — Primary Registration District No. 6033 — Registered No. 233

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Charles William Hudson

(a) Residence, No. 6319 a Derby St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 25, 1935

7. AGE: YEARS — MONTHS: 5 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child
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 County Clayton, Mo.

FATHER

13. NAME: Charles Everette Hudson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co Missouri

MOTHER

15. MAIDEN NAME: Loraine Farr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co Missouri

17. INFORMANT (ADDRESS): Mr. Charles E. Hudson 6319 Derby ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE Aug 8, 1935

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED 8/7, 1935 Dr. A. J. Liguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/6/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4P m.

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

Infantile marasmus; dehydration; inanition; toxemia. Died at St. Louis County Hospital shortly after entering. Was in Barnes hospital for one month previous.

Date of onset

Other contributory causes of importance:

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Name of operation: Coroner's view Date of

What test confirmed diagnosis? 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? (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 8/7/35

(Signed) [signature], M. D.

(Address) 3718 Jennings Rd. Coroner St. Louis Co., Mo.

WHITE 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.