SEP 10 1937

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

29254
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 7887

(c) City St. Louis, Mo. (d) Street No. 4000 Cleveland Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Georgia H. Hudson

(a) Residence, No. 4000 Cleveland Ave St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. C. Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5, 1860

7. AGE: Years 77 Months 2 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as 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: John Hewey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): At Sea

MOTHER

15. MAIDEN NAME: Susan E. Hodges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Robert Hudson
(ADDRESS) 4000 CLEVELAND AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Aug 23, 1937

19. FUNERAL DIRECTOR A. Kiowlin & Sons Co.
(ADDRESS) 2707 N. Grand Ave

20. AUG 23 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1937, to Aug 20, 1937

I last saw her alive on Aug 19, 1937. Death is said to have occurred on the date stated above, at 4 40 p. m.

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

	Date of onset
Chronic myocarditis	1930
Pulmonary infarction	8/15/37

93c

Other contributory causes of importance:

Name of operation ..... 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? no

If so, specify .....

(Signed) Albert E. Tousey, M. D.

(Address) 4500 Olive St. St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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.

899 1 31 31

STATEMENT BY LICENSED EMBALMER

I, Elton Remelius, Licensed Embalmer No. 3154.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3154.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)