

REC'D MAY 10 1938

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

13164
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **3768**
(c) City **St. Louis** (d) Street No. **1408 McCausland Ave.** St. **4**
(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 **Ellen Elizabeth Hudson 325**

(a) Residence, No. **1408 McCausland Ave.** St. **4** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **George Hudson**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 18th, 1855**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 14 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
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) **Missouri**

FATHER 13. NAME **Sanford Rankin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Ms. Zenia Rankin**
1408 McCausland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethany Cem.** DATE **April 25, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Dreher & Son**
1905 Union Blvd.

20. FILED **APR 22 1938** **J. F. Brudick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22nd 1938**

22. I, HEREBY CERTIFY, That I attended deceased from **April 1938**, to **April 22**, 19**38**
I last saw her alive on **4-22**, 19**38** Death is said to have occurred on the date stated above, at **5 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Intestinal Myocarditis Date of onset **2**

Other contributory causes of importance: **131**

Name of operation **None** Date of **Mo**
What test confirmed diagnosis? **of an** 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 **hs**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **Chas. A. Rankin** M. D.
(Address) **5380 N. Union Blvd**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Robert M. Sanford

Licensed Embalmer No. 2273

P. O. Address St Louis Mo

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

If this body is not embalmed, above space should be left blank.