

13 1939
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 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 1929784

Primary Registration District No. 115

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6521 Chamberlain Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6521 Chamberlain
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME Blanche C. Hudson 325
 3. (b) If veteran, name war nil
 3. (c) Social Security No. mt

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 11
 year 1939 hour 12 minute 0 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Merrit Hudson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mar. 25 1909
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to 7/11 1939
 that I last saw her alive on 7/11 and that death occurred on the date and hour stated above. 1939

8. AGE: Years Months Days If less than one day
30 3 15 _____ hr. _____ min.

Immediate cause of death Bronchial Pneumonia Duration 3
 Due to cutting work
 Due to 1070
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
 10. Usual occupation at home
 11. Industry or business _____
 12. Name Andrew Hudson
 13. Birthplace Tennessee (City, town, or county) (State or foreign country)
 14. Maiden name Mary White
 15. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER FATHER
 16. (a) Informant's own signature Merrit Hudson
 (b) Address 6521 Chamberlain
 17. (a) burial (b) Date, thereof July 13, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Paul Church Yard
 18. (a) Signature of funeral director M. J. Custer
 (b) Address 7146 Manchester Ave.
 19. (a) JUL 13 1939 (b) M. J. Custer
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place) (e) Means of injury _____
 23. Signature E. E. Egan (M. D. or other)
 Address 1303 - N - Kingshighway Date signed 7/13/39

Dr Evans
1303 N Kingsway

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 me

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

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

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.