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K21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. **791** Primary Registration District No. **1003**

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

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MO. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7058 Canterbury Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Martha Hudgens  
**325**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. None  
**4. Sex** F **5. Color or** W. **6. (a) Single, widowed, married,** Married  
**race** **divorced**  
**6. (b) Name of husband or wife** James H. Hudgens **6. (c) Age of husband or wife if** 57  
**alive** years  
**7. Birth date of deceased** Mar. 28th, 1886  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Aug. day 17  
year 1940 hour 5 minute 10 A. M.  
**21. I hereby certify that I attended the deceased from** May 4  
1940, to Aug 17, 1940  
that I last saw hu alive on Aug 17, 1940  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 54 Months 4 Days 19 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_  
**9. Birthplace** housewife MO.  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife  
**11. Industry or business** \_\_\_\_\_  
**MOTHER** { **12. Name** Lee Ross  
**FATHER** { **13. Birthplace** Unknown MO.  
Betty (City, town, or county) (State or foreign country)  
**14. Maiden name** Unknown  
**15. Birthplace** Unknown MO.  
(City, town, or county) (State or foreign country)

Immediate cause of death  
Coronary Occlusion  
Generalized Arteriosclerosis  
Sclerosis  
Other conditions Pulmonary Infarcts  
(Include pregnancy within 3 months of death)  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** James H. Hudgens  
**(b) Address** 7058 Canterbury Ave.  
**17. (a)** Burial **(b) Date thereof** Mon. Aug. 19.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Oak Hill Cem.  
**18. (a) Signature of funeral director** JAY B. Smith.  
**(b) Address** Maplewood Mo.  
**19. (a)** AUG 24 1940 **(b)** J. P. Budeck  
(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?** \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
**23. Signature** John C. Ruser (M. D. or other) \_\_\_\_\_  
**Address** 48 Oakview **Date signed** 8/17/40

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**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 J. P. Burgess  
Licensed Embalmer No. 4029  
P. O. Address Maplewood

**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.