

STANDARD CERTIFICATE OF DEATH

State File No. 19109

FILED JUN 11 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County, St. Louis County  
(b) City or town, Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 12/20/40  
(Specify whether  
In this community, Unknown  
years, months or days)

3. (a) PRINT FULL NAME Harold H. Hudson

3. (b) If veteran, name war World, 1918 3. (c) Social Security No. 329-10-9300

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased. December 17 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 5 3 hr. min.

9. Birthplace Mulberry Grove, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Hudson

13. Birthplace Mulberry Grove, Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Eva Perkins

15. Birthplace Fairview, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schuller

(b) Address Clinical Clerk, VAF, Jeff. Bks Mo.

17. (a) \_\_\_\_\_ (b) Date thereof. \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director C. HOFFMEISTER

(b) Address UNDERTAKING AND LIVERY CO  
St. Louis, Missouri

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4001 Castleman Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th  
year 41 hour 11:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from December 20, 1940 to May 20th, 1941,  
that I last saw h im alive on May 20th, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease Duration Unknown

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Autopsy performed. See cause of death.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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)  
(Means of injury)  
23. Signature C. W. HUGHES, M.D. (M. D. or other)  
Address Chief Medical Officer Date signed 6/10/41

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**



46

SEP 19 1941

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 Linus C. Hoffmeister  
Licensed Embalmer No. 3871  
P. O. Address 9814 S Broadway

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, fact should be so stated above.