. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4333

State File No. 1159

Registration District No. 378 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006
(a) State Missouri (b) County 12 19
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4208 Westminister
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Hudson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race 3 Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hudson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Not Known (Month) (Day) (Year)
8. AGE: Years About 38 Months Days If less than one day hr. min.
9. Birthplace Elsbury, Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Maid
11. Industry or business
FATHER
12. Name Anderson Killam
13. Birthplace Elsbury, Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Clementine Miller
15. Birthplace Elsbury, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Clementine Killam
(b) Address 1219 North Spring Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.
19. (a) FEB 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29, year 1943 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from January 19, 1943 to January 29, 1943 that I last saw her alive on January 29, 1943, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pleural Effusion (Autopsy)	Unk.
Hilar Tuberculosis (Autopsy)	Unk.
Chr. Salpingitis (Autopsy)	Unk.
Due to Hilum	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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)
While at work? (e) Means of injury
23. Signature S. E. Smith (M. D.)
Address 2601 Whittier Date signed 2/4/43

(Licensed Embalmer's Statement on Reverse Side)

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.