S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19707

FD JUL 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6077

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 12 days (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 9 18
(If outside city or town limits, write "RURAL")

(d) Street No. 3711 Vista
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Viola Hudson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race 3 negro

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 5 (Month) 15 (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	5	15	hr. min.

9. Birthplace Ink (City, town, or county) Ga 1 (State or foreign country)

10. Usual occupation house work

11. Industry or business

FATHER
12. Name Fate Stanley
13. Birthplace Ga (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Gora Stanley
15. Birthplace Ga (City, town, or county) 1 (State or foreign country)

16. (a) Informant James Edmonds
(b) Address 3711 Vista

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director English Mel Co
(b) Address 2831 So Cas Ave

19. (a) JUL 8 (Date received local registrar) (b) 1943 J. F. Budesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29, year 1943 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 17, 1943, to June 29, 1943 that I last saw her alive on June 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unk.
Due to	
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 Alva Moore (M. D. ~~or other~~)
Address 2601 Whittier Date signed 6/30/43

(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 Buleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas

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.