V. S. No. 2
100M—2-43
Re 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. 43725

FILED JAN 10 1944

Registration District No. _____ Primary Registration District No. 3068 Registrar's No. 2970

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7907 Caroline Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7907 Caroline Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Louise Hudson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 25, 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	11	4	_____ hr. _____ min.

9. Birthplace Madison (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Thomas Collins (FATHER)
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
14. Maiden name Catherine (MOTHER)
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Wm. R. Hudson
(b) Address 7907 Caroline, Maplewood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Hill
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo
19. (a) JAN 1 - 1944 DEC 31 1943 (Date received by local registrar) (b) E. H. McHaoran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1943 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 22, 1943, to Dec 29, 1943, that I last saw her alive on Dec 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) Cerebral Hemorrhage	1 day

Major findings:
Of operations —
Of autopsy — 108

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 Vincent F. Hommend (M. D. or other) MD
Address 310 1a Sutton Ave Maplewood Mo Date signed 12-30-43

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 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, fact should be so stated above.