

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

462

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **546**

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 Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

In this community 56 years

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. 3032 Bell Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Hudson

3. (b) If veteran, name war L

3. (c) Social Security No. _____

4. Sex F 5. Color or race C

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

6. (b) Name of husband or wife James Hudson

6. (c) Age of husband or wife if alive 18 years

Birth date of deceased _____ (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1944 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from December 23, 1943 to January 10, 1944
that I last saw her alive on January 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Ht Disease

Duration Unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years abt - 67 Months 0 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Amabilly (City, town, or county) Ind. S (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Fannie Hill

(b) Address 3032 Bell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44
(Month) (Day) (Year)

(c) Place: burial or cremation Wilmwood Ch.

18. (a) Signature of funeral director A. F. Walton

(b) Address 2727 Stoddard St

19. (a) _____ (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 J. F. Bedeck (M. D. or other) _____
Address 2601 N. Whittier Date signed 1/12/44

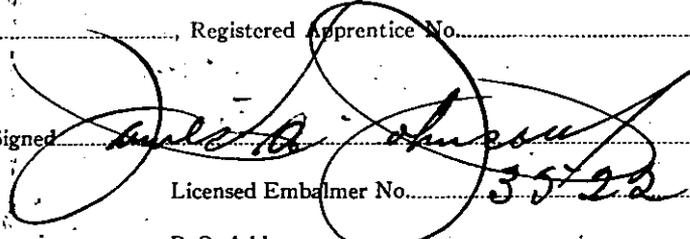
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STATEMENT BY LICENSED EMBALMER

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..... 35722

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.