FILED NOV 22 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36010

Do not use this space.

518

1. PLACE OF DEATH

(a) County ..... Registration District No. 1002

(b) Township ..... Primary Registration District No. ..... Registered No. 9592

(c) City Saint Louis (d) Street No. 4580 Cottage St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fran K W Hudson 11

(a) Residence, No. 4580 Cottage Ave. St. ..... (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 27, 1861

7. AGE: YEARS 82 | MONTHS 11 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as saw mill, bank, etc.: St. Louis, House Furnishing

10. Date deceased last worked at this occupation (month and year): June 1942

11. Total time (years) spent in this occupation: 22 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millspring Ky

FATHER

13. NAME: Green Hudson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millspring Ky.

MOTHER

15. MAIDEN NAME: Emmerline Hudson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millspring Ky.

17. INFORMANT (ADDRESS): Emma Hudson, 4580 Cottage Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Washington Park DATE: 11-13-44

19. FUNERAL DIRECTOR (NAME) (ADDRESS): G. W. Bruce, 1003 N. Gamble

20. FILED NOV 13 1944 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 10, 1944

22. I HEREBY CERTIFY, That I attended, deceased from Oct 2 1942 to Nov 11, 1944

I last saw him alive on Nov 7 1944 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	2 yr
Valvular Disease	
Acute Rheumatic	

Other contributory causes of importance:

Bronchitis Ch	3

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Stafford, M. D.

(Address) 925 N. Jefferson Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Clay 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, above space should be left blank.