V. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25005

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1803

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 days (Specify whether years, months or days)

In this community See above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 7131 Altora 5 (If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HUDSON, George W.

3. (b) If veteran, name war World II

3. (c) Social Security No. 499 01 4765

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased February (Month) 24 (Day) 1912 (Year)

8. AGE: Years 32 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Decaturville (City, town, or county) Tennessee 1 (State or foreign country)

10. Usual occupation Painter

11. Industry or business --

FATHER
12. Name Andy Hudson
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Mary White
15. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 7-18-1945 (Date received local registrar) (b) E. C. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1945 hour 8:50 minute A.M.

21. I hereby certify that I attended the deceased from June 6, 1945, to July 16, 1945; that I last saw him alive on July 16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death TUMOR, SPLEEN, MALIGNANT, TYPE UNDETERMINED.	Unknown
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

55 W

Major findings: Of operations Biopsy - Left cervical and right ingunial glands.

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) No

(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 0

23. Signature E. V. EDWARDS, LT. COL. (M. D. or other) M.C. Clinical Director.

Address Vet. Adm. Fac. Jeff. Brks. Mo. Date signed 7/16/45

707

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1946

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S. Broadway

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.