

S. No. 2
-12-45
5-17-39
P I X47070

FILED MAY 1 1947
Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(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 38 years

3. (a) PRINT DAVID EARL HUDSON
FULL NAME

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-7575

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 5, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace Hopkins County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business unemployed

12. Name Davis Hudson

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

14. Maiden name Emily Bolton

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

16. (a) Informant Robert E. Hudson

(b) Address 2036 Obear Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.

19. (a) APR 17 1947 (Date received local registrar)

(b) J. F. Bredees (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County and

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

(d) Street No. 2036 Obear Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1947 hour 8 minute A M.

21. I hereby certify that I attended the deceased from 12 apr 14 1947 to 14 apr 14 1947
that I last saw him alive on 14-14-47 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease 45+ years

Due to _____

Due to _____

Other conditions: 92
(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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

3. Signature J. P. Bartler MD (M. D. or other) _____

Address 1504 S. Jefferson Date signed 4/15/47

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

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.