

Registration District No. 318

Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 26 days
(Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME James Hudlin
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex M 2. Color or race col
5. Color or race col
6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt-55 hr. min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. Railroad man

11. Industry or business _____

MOTHER FATHER
12. Name Richard Hudlin
13. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Putzer
15. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Hudlin III
(b) Address 3837 Page

17. (a) Burial (b) Date thereof 3 29 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Galveston

18. (a) Signature of funeral director. G. A. Ball
(b) Address 4303 Ball

19. (a) MAR 27 1948 (b) J. F. Bruneck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4004 Cook Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1948 hour 8 minute a M.

21. I hereby certify that I attended the deceased from Jan. 27, 1948 to March 24, 1948;
that I last saw him alive on March 24, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchogenic Carcinoma of Lungs
Atelectasis

Due to _____

Due to _____

Other conditions. None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes

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 _____

Signature Oliver F. Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 3/24/48

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

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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..... *Vera J. Wilson*

Licensed Embalmer No. *4435*

P. O. Address *2618 Bellegard*

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.