

S. No. 300  
DM-10-47  
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I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED APR 23 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **142341**  
Registrar's No. \_\_\_\_\_

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 **66 days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** **DORA HUDSON**  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **Col**  
**6. (a) Single, widowed, married,** divorced **widow**  
**6. (b) Name of husband or wife** **David Hudson** **6. (c) Age of husband or wife if** **Dead** years \_\_\_\_\_  
**7. Birth date of deceased** **11** **8** **1905**  
(Month) (Day) (Year)

**8. AGE:** Years **43** Months **28** Days **27**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Rolling Fork MISS**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry of business** \_\_\_\_\_

**12. Name** **James Williams**

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

**14. Maiden name** **unknown**

**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **James Hudson**

**(b) Address** **2802 Bernard St.**

**17. (a) Burial** **(b) Date thereof** **4-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Washington Park**

**18. (a) Signature of funeral director** **Gus Lowe**

**(b) Address** **2930 Dickson St.**

**19. (a) Addo** **(b) J. F. Predeck**  
(Date received local registration) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Mad**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **22** **2802 Bernard** **9**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **5**  
year **1948** hour **12** minute **.50** p. M.

**21. I hereby certify that I attended the deceased from** **1-10** to **April 5**, 19 **48**  
that I last saw her alive on **April 5**, 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial** **Pneumonia** **7 days**  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Carcinoma of Uterus;**  
(Include pregnancy within 3 months of death)  
**4th & 5th Lumbar Vertebrae**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Yes**  
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)  
(d) Means of injury \_\_\_\_\_  
**23. Signature** **Joseph T. Pluhis** (M. D. or other) **4/7/48**  
Address **2601 N Whittier St** Date signed

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

MOTHER FATHER

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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 Arthur L. Hilliard

Licensed Embalmer No. 4291

P. O. Address 1154 Bayard Ave

**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.**