FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 6 1948
Registration District No. 397

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21701
Registrar's No. 1397

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days (Specify whether
In this community 23 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Shelby 999
(c) City or town Shelbyville 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2711 S. 2nd Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME HUDSON, Andrew P.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 341-18-8178
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nelda A.
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased September (Month) 7 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	26	hr. min.

9. Birthplace Shelby County, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name William Hudson
13. Birthplace - Illinois
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cynthia Hill
15. Birthplace - Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 4-48 (Month) (Day) (Year)
(c) Place: burial or cremation SHELBYVILLE, ILL
18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Bdwy, St. Louis, Mo.
19. (a) 6-4-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 10:15 minute A. M.
21. I hereby certify that I attended the deceased from May 11, 1948, to June 3, 1948;
that I last saw him alive on June 3, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PULMONARY TUBERCULOSIS WITH INVOLVEMENT OF LIVER AND SPLEEN	
Due to 13 b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5/16/48 Excision of lymph node, right supraclavicular
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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
23. Signature L. E. Stilwell (M. D.)
Address Jefferson Barracks, Mo. Date signed 6/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

NOV 17 1948

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. Scheemacker

Licensed Embalmer No. 2679

P. O. Address 7814 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.