

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2619  
Registrar's No. 246

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S T. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2405 NO. VANDEVANTER AVE		d. STREET ADDRESS (If rural, give location) 2405 NO. VANDEVANTER AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) E. c. (Last) HUDSON		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 8-1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH AUGUST 1, 1868
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN	11. BIRTHPLACE (State or foreign country) ILLINOIS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME EDWARD HUDSON	
13a. FATHER'S NAME EDWARD HUDSON		13b. MOTHER'S MAIDEN NAME JANE ?	
14. NAME OF HUSBAND OR WIFE MATTIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MATTIE HUDSON 2405 NO. VANDEVANTER AVE	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Cardio-vascular, renal disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Previous cerebral hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
INTERVAL BETWEEN ONSET AND DEATH 6 hours		???	
3 yrs.			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Nov. 12, 1949, to Jan. 8, 1950, that I last saw the deceased alive on Jan. 8, 1950, and that death occurred at 10:20 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edward A. White, M.D.		23b. ADDRESS 2435 N. Grand Blvd.	
23c. DATE SIGNED 1-9-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-10-50	
24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI	
DATE REC'D BY LOCAL REG. JAN 10 1950		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE MC LAUGHLIN FUNERAL HOME, INC.		ADDRESS 2301 Lafayette	

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

DR. BERNARD H. FLOTTE, MD  
2435 NO. GRAND BLVD.

LU. 4877

1 - 4 P.M.

---

---

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer .....

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette A

**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.