

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15180

State File No. _____

317

3063

936

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

4002
3

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

1. PLACE OF DEATH a. COUNTY St. Louis		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 OR TOWN Gumbo CLAYTON	c. LENGTH OF STAY (in this place) D.O.A.	c. CITY (If outside corporate limits, write RURAL and give township) Chesterfield	4000
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to St. Louis Co. Hospital		d. STREET ADDRESS (If rural, give location) Route 1, Box 30	

3. NAME OF DECEASED (Type or Print) a. (First) Addie	b. (Middle) _____	c. (Last) Hudson	4. DATE OF DEATH (Month) (Day) (Year) 4 10 1950
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5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married ✓	8. DATE OF BIRTH June 9, 1905	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months _____	IF UNDER 11 HRS. Days _____	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Vegetable Farm	11. BIRTHPLACE (State or foreign country) Memphis Tenn.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Roy Baker	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Richard Hudson,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 494-28-8004	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard Hudson, Chesterfield, Mo. R.1, Box 30
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH week
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Herbert K. Rowland Local Registrar of Vital Statistics	23b. ADDRESS 651 South Brentwood Boulevard	23c. DATE SIGNED 4/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-16-50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Chesterfield, Missouri
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DATE REC'D BY LOCAL REG. 4-11-50	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ELLIS FUNERAL HOME, INC., 2820 Stoddard St.
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APR 19 1950

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13, Mo.

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.