No. 300
10-48

FILED OCT 26 1950

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35746

BIRTH NO. 89061 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2537

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS MO.
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): QUINCY
d. STREET ADDRESS (If rural, give location): 302 1/3 HAMPSHIRE ST.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN T.
b. (Middle):
c. (Last): HUDNUT

4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 50

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 2-7-88
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dishwasher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Hudnut
13b. MOTHER'S MAIDEN NAME: Nancy Rudisess
14. NAME OF HUSBAND OR WIFE: ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 327-05-8804
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hosp Records Jeff. Brks Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MULTIPLE MYELOMA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
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: 20 3X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 10-10-50, 19__, *to* 10-18-50, 19__, ~~that I last saw the deceased alive on~~ *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: VA Hosp. Jeff.Brks Mo
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-19-50
24c. NAME OF CEMETERY OR CREMATORY: Quincy, Illinois
24d. LOCATION (City, town, or county) (State): Quincy, Illinois

DATE REC'D BY LOCAL REG.: 10-19-50
REGISTRAR'S SIGNATURE: [signature] MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. Hoffmeister U & L Co. St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

working under my personal supervision.

Student Embalmer No.....

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

Signed.....
Student Embalmer

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.