

FILED DEC 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38637

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10124

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audra in	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Mexico 1042	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 424 No. Calhoun	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis Children's Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Jerry b. (Middle) Dale c. (Last) HUDSON			4. DATE OF DEATH (Month) (Day) (Year) 11 27 50		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH 2-2-1949			9. AGE (In years last birthday) 1 9		IF UNDER 1 YEAR Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant			10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME JAMES W. HUDSON		13b. MOTHER'S MAIDEN NAME MARGARET GARRET		14. NAME OF HUSBAND OR WIFE nil ---	
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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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES W HUDSON MEXICO MO.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(b) (a) Chronic granulomatous disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (a) tracheal obstruction secondary to aspermatosis? DUE TO (c)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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) (Minute) 11-27-50 11:50 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 527.2	

22. I hereby certify that I attended the deceased from 11-22-1950, to 11-27-1950, that I last saw the deceased alive on 11-27-1950, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. G. Klingberg MD.		23b. ADDRESS St. Louis Childrens Hosp.		23c. DATE SIGNED 11-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-28-50		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	
24d. LOCATION (City, town, or county) (State) Mexico, Missouri					

DATE REC'D BY LOCAL REG. Nov 28 1950		REGISTRAR'S SIGNATURE J. B. Blanton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppee 4700 Washington	
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(Licensed Embalmer's Statement on Reverse Side)

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

REVISED W. H. HARRISON W. GENERAL

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.....

J. Wm. Binkley

Signed.....

Student Embalmer

Licensed Embalmer No.....

3653

P. O. Address.....

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.