

FILED JUN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18203
Registrar's No. 5209

BIRTH NO. REG. DIST. NO. 6001 PRIMARY REG. DIST. NO. 818

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 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 E. St. Louis	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 364 South 15th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION POEPIES HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Lewis (Louis)	b. (Middle) Hudson	c. (Last) Hudson	6-3-51		

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April - 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY Terminal R. R.		11. BIRTHPLACE (State or foreign country) Shuqulak, "Mississippi"		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willis Hudson	13b. MOTHER'S MAIDEN NAME Hattie Hodges	14. NAME OF HUSBAND OR WIFE deceased.
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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. —	17. INFORMANT'S SIGNATURE OR NAME Hattie McKinney	ADDRESS 1914 Market
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H201
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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 3 A. m., d.s.t., from the causes and on the date stated above.

23a. SIGNATURE Clifford A. Hancock	(Degree or title)	23b. ADDRESS 360 A So 15th St.	23c. DATE SIGNED 6-5-51
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24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE 6-6-51	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois
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DATE REC'D BY LOCAL REG. JUN 6 1951	REGISTRAR'S SIGNATURE J. B. Lester	25 FUNERAL DIRECTOR'S SIGNATURE C. J. Nash	ADDRESS 3847 Page
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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 _____

P. J. Nash

Signed
Student Embalmer

Licensed Embalmer No. 2432

P. O. Address 3247 Page

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.