

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39174

State File No.

10738

FILED DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10738**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY St. Louis	a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY 215
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 2601 N. Whittier Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Ada	b. (Middle)	c. (Last) Hudson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1951
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 27, 1891	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Days	12. UNDER 15 MIN. Hours	13. UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Marks, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wiley Smith	13b. MOTHER'S MAIDEN NAME Adeline German	14. NAME OF HUSBAND OR WIFE John 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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Rachel Anderson	ADDRESS 605 E. Espenschiend
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		Undetermined
	ANTECEDENT CAUSES		
	DUE TO (b) Diabetes Mellitus		Undetermined
	DUE TO (c) Undetermined		Undetermined
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260X
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22. I hereby certify that I attended the deceased from Nov. 10, 1951, **to** Nov. 30, 1951, **that I last saw the deceased alive on** Nov. 30, 1951, **and that death occurred at** 11:25Pm., **from the causes and on the date stated above.**

23a. SIGNATURE C. H. Robinson M.D.	(Degree or title) U	23b. ADDRESS 2601 N. Whittier Street	23c. DATE SIGNED Dec. 1, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-5-51	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE RECORDED BY LOCAL REG. DEC 3 1951	REGISTRAR'S SIGNATURE W. J. Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Cause	ADDRESS 1221 N. Grand
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 _____

Licensed Embalmer No. 4755

P. O. Address 12217 York

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.