

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36498**
9222
Registrar's No.

FILED NOV 14 1952

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 3 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves Brentwood							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 2452 Salem Ave. 4511								
3. NAME OF DECEASED (Type or Print) TERRY			a. (First)		b. (Middle)		c. (Last) HUDSON		4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1952			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 5-6-1947		9. AGE (In years last birthday) 5		IF UNDER 1 YEAR Months 4 Days 28	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Enid, Oklahoma			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George A. Hudson				13b. MOTHER'S MAIDEN NAME Jane Annabelle Kellogg				14. NAME OF HUSBAND OR WIFE				
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 George A. Hudson, above					ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH 1 hour			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Tracheo-Bronchitis							12 hours			
		DUE TO (c)										
		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 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) Brentwood St. Louis Mo							
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 500x							
22. I hereby certify that I attended the deceased from 4 Oct, 1952 , to 4 Oct, 1952 , that I last saw the deceased alive on 4 Oct, 1952 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) E. M. Call M.D.				23b. ADDRESS Brentwood Mo				23c. DATE SIGNED 6 Oct. '52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-6-1952		24c. NAME OF CEMETERY OR CREMATORY Summitt View			24d. LOCATION (City, town, or county) (State) Guthrie, Okla.					
DATE REC'D BY LOCAL HEALTH DEPT. OCT 6 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.						

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Anthony Bonn

Licensed Embalmer No. *4615*

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.