

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15822**
4233

FILED MAY 14 1953
4937

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

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|---|-----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE MO. b. COUNTY | |
| b. CITY OR TOWN ST. LOUIS | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN ST. LOUIS, MO 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION D.A. Homer G. Phillips | | d. STREET ADDRESS (If rural, give location) 21 1241 N. 18TH ST. 0 | |

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|---|---------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) LONNIE HUDSON | | | 4. DATE OF DEATH (Month) (Day) (Year) 4 - 22 - 53 | | |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 | 8. DATE OF BIRTH JAN. 9, 1953 | | 9. AGE (In years last birthday) 3 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|--|---|-----------------------------|--|
| 13a. FATHER'S NAME Jimmy Hudson | | 13b. MOTHER'S MAIDEN NAME Daisy Scott | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Hudson; 1241 N. 18th St. | | |

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|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia | | ANTECEDENT CAUSES | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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. | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 491X | |

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 **7:25 AM.**, from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------|--|--|--|
| 23a. SIGNATURE Walter P. Clark (Degree or title) | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 4/23/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4/27/53 | | 24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY | |
| | | | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO. | |

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|--|--|---|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 24 1953 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. W. ROBINSON AND SONS, 3017 N. MARKET ST. | |
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leroy W. Emmiter

Licensed Embalmer No. 4523

P. O. Address 3880 Eastern Ave

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.