No. 300
10.48

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

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25618

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 544 Registrar's No. 1653

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 445 Par Lane,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4690
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 445 Par Lane,

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Dean Marshall
c. (Last): Hudson

4. DATE OF DEATH (Month) (Day) (Year): July 8 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 2 1894
9. AGE (In years last birthday): 670 — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Hardware
11. BIRTHPLACE (City and State or Foreign Country): Pocahontas Arkansas
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: unk.
13b. MOTHER'S MAIDEN NAME: Emma Dean
14. NAME OF HUSBAND OR WIFE: Joanna Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. #1
16. SOCIAL SECURITY NO.: 430-03-9169
17. INFORMANT'S SIGNATURE OR NAME: Joanna Hudson
ADDRESS: 445 Par Lane

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 7-8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 7-8 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Valvulitis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4, 1954, *to* 7/8, 1954, *that I last saw the deceased alive on* 7/7, 1954, *and that death occurred at* 6:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chester M. Barnes MD
23b. ADDRESS: 207a N. Kirkwood Rd
23c. DATE SIGNED: 7/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-12-54
24c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood Mo.

DATE REC'D BY LOCAL REG.: 7/12/54
REGISTRAR'S SIGNATURE: Herbert B. Stanton
25. FUNERAL DIRECTOR'S SIGNATURE: Meyer-Pfitzinger
ADDRESS: Kirkwood 22 Mo.

(Licensed Embalmer — Statement on Reverse Side)

✓ STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H. Pfitzinger

Licensed Embalmer No. 431

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.