

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13476**

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2186**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission.) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) TOWNSHIP		c. CITY OR TOWN Town & Country	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		STREET ADDRESS # 2 Long Meadows		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) L.		c. (Last) HUDSON		4. DATE OF DEATH (Month) (Day) (Year) March 8, 1955	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Nov. 4, 1895		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Business- Slef		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wilmington, N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME George B. Hudson		13b. MOTHER'S MAIDEN NAME Frances E. Driggers		14. NAME OF HUSBAND OR WIFE Mrs. Josephine Hudson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 488-01-0176		17. INFORMANT'S SIGNATURE OR NAME Mrs. Josephine Hudson, # 2 Long Meadows		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 11 days Yrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from 2-28-, 1955, to 3-8-, 1955, that I last saw the deceased alive on 3-8-, 1955, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. Vermillion M.D.</i>		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 3/9/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D. BY LOCAL REG. MAR 9 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith m.d.</i>		FEDERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>		ADDRESS 3840 Lindell Blvd	
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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 46

P. O. Address 384 1/2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.