Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

X

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019811
STATE FILE NUMBER 5785

FILED JUN 13 1958 Registration District No. 318 Primary Registration District 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital — Length of stay in Hospital: 2 18

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: ST LOUIS — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4134 CHOUTEAU — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CRAIG Middle STEVEN Last HUDSON

4. DATE OF DEATH: Month 6 Day 2 Year 58

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-9-52
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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 (City and state or country): CEDAR RAPIDS, IOWA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PRINCE HUDSON
14. MOTHER'S MAIDEN NAME: DONNA M. EVANS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: PRINCE HUDSON — Address: 4134 Chouteau

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of Skull;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Brain Injury;
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Suffered when struck by car

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18): Ophelia by Mr. Dyer Thompson in front of about 4134 Chouteau Ave. about 1020 am., June 2nd 1958.
20c. TIME OF INJURY: Hour 10.20 a. m. Month, Day, Year 6 2 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 18 Street
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1050 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick J. Taylor (Degree or title) Coroner
22b. ADDRESS: 3 / 301 Clark
22c. DATE SIGNED: 6-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 6-4-58
23c. NAME OF CEMETERY OR CREMATORY: HOME CEMETERY
23d. LOCATION (City, town, or county) (State): PERRYVILLE, MO.

24. FUNERAL DIRECTOR: EARL HILLEMAN — ADDRESS: 9709 LACKLAND
25. DATE RECD. BY LOCAL REG.: JUN 3 '58
26. REGISTRAR'S SIGNATURE: J Carl Smith MD MDS

(Licensed Embalmer's 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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert J. Gow Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.