RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047591

STATE FILE NUMBER

FILED VS JAN 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12569

DED

1. PLACE OF DEATH
a. COUNTY —
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS — Length of stay in 1b: 24 HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo — b. COUNTY ST LOUIS
c. CITY OR TOWN ROCK HILL VILLAGE — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 34 HARDITH HILL COURT — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First PATRA — Middle SONOMA — Last HUDSON
4. DATE OF DEATH: Month 12 — Day 27 — Year 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-6-1909
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): SULPHUR SPRINGS TEX
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wm M. RUDMAN
13b. MOTHER'S MAIDEN NAME: ANITA CHENNEY
14. NAME OF HUSBAND OR WIFE: C. BRADY HUDSON
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: C Brady Hudson — Address

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) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 286.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from July, 1952, to present and last saw her alive on 12/27/60
Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert C. Kingsland — Robert C. Kingsland, MD
22b. ADDRESS 14 Forsyth Walk, Clayton 5, Mo.
22c. DATE SIGNED 12/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-31-1960
23c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
23d. LOCATION (City, town, or county) (State): KIRKWOOD 22, Mo

24. FUNERAL DIRECTOR: MITTELBERG — ADDRESS: WEBSTER GROVES Mo
25. DATE RECD. BY LOCAL REG.: DEC 30 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

Special = No other info

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 449

P. O. Address St. Lou

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