

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27810

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7496

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 23 days		STREET ADDRESS (If rural, give location) 4113a Manchester avenue 2187	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES	b. (Middle)	c. (Last) HUDGENS	AUGUST 25 1955		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH 8-24-1902	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Magic Chef	11. BIRTHPLACE (City and State or Foreign Country) Newburg, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fred Hudgens	13b. MOTHER'S MAIDEN NAME Martha Alexander	14. NAME OF HUSBAND OR WIFE Della Hudgens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 498-10-6645	17. INFORMANT'S SIGNATURE OR NAME Lela Morrison, 4113a Manchester	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Leucemic Anemia of the liver with hepatic insufficiency</i>		
	ANTECEDENT CAUSES Morbidity 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.		

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)
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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?
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22. I hereby certify that I attended the deceased from 8-2-55, 19__, to 8-25-55, 19__, that I last saw the deceased alive on 8-25-55, 19__, and that death occurred at 2:12A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert B. Buse, M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 8-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-27-55	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. AUG 26 1955	REGISTRAR'S SIGNATURE Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker, 4104 Manchester
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(Licensed Embalmer's Statement on Reverse Side)