

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7652

**1. PLACE OF DEATH**

County..... Registration District No. 5071  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 4439) Clarence Ave

File No.....  
Registered No. 1611  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4439 Clarence Ave St. 10 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles P. Wannall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME James B. Hudson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Hannah Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Emma P. Wannall  
(ADDRESS) 4439 Clarence Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bellefontaine DATE Feb. 17 1933

19. UNDERTAKER Wm. H. Hermann & Son  
(ADDRESS) 2161 East Park Ave

20. FILED FEB 16 1933 1933 Wm. C. Hardisty  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1933 to Feb. 14 1933

I last saw him alive on Feb. 14 1933 Death is said

to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
108  
97 108

Date of onset  
12-24-33

Other contributory causes of importance:  
Arterio-sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Edward J. Martens, M. D.  
(Address) 4040 Delmar Pl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

