

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

Do not use this space.

6616

MAR 24 1934

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **Masonic Home**)

File No.
 Registered No. **1459**
 St. Ward)

2. FULL NAME

Orrin B. Hudson

(a) Residence, No. **5351 Shelman** St., **12** Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **9** yrs. **3** mos. **3** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 5 - 1849**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 -1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired (Copper)**

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) **Jamestown Mo.**

13. NAME **Wm't Knorr**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wm't Knorr**

15. MAIDEN NAME **Wm't Knorr**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wm't Knorr**

17. INFORMANT **William H. Haller**
 (ADDRESS) **5351 Shelman**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **California Mo** DATE **Feb. 10** 19**34**

19. UNDERTAKER **Alexanders**
 (ADDRESS) **6175 Shelman**

20. FILED **10** **19**
J. T. Bredek
 Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 9** 19**34**

I HEREBY CERTIFY, That I attended deceased from **Jan 23** 19**34** to **Feb 9** 19**34**

I last saw him alive on **Feb. 9** 19**34** Death is said to have occurred on the date stated above, at **2:45 p.m.**

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

Chronic Myocarditis Date of onset **6 mos.**
131
936
131
Chronic Interstitial Nephritis **3 mos.**

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation Date of
 What test confirmed diagnosis **Page 64** Was there an autopsy? **yes**

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 **Colon Cancer**
 (Signed) **Colon Cancer** M. D.
 (Address) **502 W. Grand Bldg**

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.

