

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2703

FEB 21 1931

1. PLACE OF DEATH

County... *St. Genevieve*  
Township... *Beaumont*  
City... (No. ....) Ward...

Registration District No. *781*  
Primary Registration District No. *6027*

File No. ....  
Registered No. ....

2. FULL NAME

*Genevieve Rudloff*

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *32 yrs. 11 mos. 21 ds.* How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Andrew C. Rudloff</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 27 1898</i>				
7. AGE	YEARS <i>32</i>	MONTHS <i>11</i>	DAYS <i>21</i>	If LESS than 1 day, .... hrs. .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <i>Housewife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... <i>None</i>			
	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) <i>St. Genevieve Co. Missouri</i>				
FATHER	13. NAME <i>John L. Hechler</i>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Genevieve Missouri</i>			
MOTHER	15. MAIDEN NAME <i>Almira Sippel</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Genevieve Co. Missouri</i>			
17. INFORMANT (ADDRESS) <i>Andrew C. Rudloff St. Mary's Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <i>Ozora</i> DATE <i>Jan 20 1931</i>				
19. UNDERTAKER (ADDRESS) <i>John P. Barber St. Genevieve Mo</i>				
20. FILED <i>Jan. 19 1931</i> <i>Notary Thomas</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 18 1931*

22. I HEREBY CERTIFY That I attended deceased from *Jan 15 1931*, to *Jan 18 1931*  
Last saw her alive on *Jan 18 1931*. Death is said to have occurred on the date stated above, at *4:09 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Lobar Pneumonia  
Acute Pleurisy  
Cardiac Dilatation*

Date of onset *1931 Jan 12*  
*Jan 15*  
*Jan 18*

Other contributory causes of importance *108*

Name of operation *None* Date of *None*  
What test confirmed diagnosis? *Sig. X-ray* Was there an autopsy? *None*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *None* Date of injury *None*, 19*None*  
Where did injury occur? *None*  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. *None*

Manner of injury *None*  
Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify

(Signed) *A. J. Elphinstone*, M. D.  
(Address) *St. Genevieve Mo*

