

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

Do not use this space.

8092

1. PLACE OF DEATH

County
 Township
 City St. Louis

Registration District No. 791
 Primary Registration District No. 1003

File No.
 Registered No. 2464
 St. Ward)

2. FULL NAME

Clarence Rudloff

(a) Residence. No. Duquoin Ill. St., 12 Ward.

(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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 5 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Duquoin Ill.
 (STATE OR COUNTRY) Ill. 2

10. NAME OF FATHER Chas. Rudloff
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Ida Smith
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

14. INFORMANT Chas. Rudloff
 (Address) Duquoin Ill.

15. FFF 21 FILED 1931
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/21 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1931, to 2/21, 1931, that I last saw h.p.m. alive on 2/21, 1931, and that death occurred, on the date stated above, at 4:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
19A. N
109A
 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Foreign body in trachea
 (duration) yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. Duquoin Ill.
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/19/31
 WAS THERE AN AUTOPSY? Partial
 WHAT TEST CONFIRMED DIAGNOSIS? Yes 1
 (Signed) Carl J. Heston, M. D.
 , 19 (Address) Jewish Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Duquoin Ill. DATE OF BURIAL Feb. 22, 1931

20. UNDERTAKER H. Rudloff ADDRESS 5216 Delmar

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.

