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

Do not use this space.

16451

File No. 4971

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Deaconess Hospital St. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Helen M. Rudolph

(a) Residence. No. 4405 34 Paul St., 19 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 Rudolph

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 15 - 1880

7. AGE: Years 50 Months 4 Days 9 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home 235
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Westchester
(STATE OR COUNTRY) Pa

PARENTS

10. NAME OF FATHER D H Boggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER Mary Oswald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa

14. INFORMANT Charles Rudolph
(Address) 4405 Paul St

15. FILED FEB 25 1931 Kenneth C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

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

17. I HEREBY CERTIFY, That I attended deceased from 3-18-, 1931, to 4-23-, 1931 that I last saw h. alive on 4-23-, 1931, and that death occurred, on the date stated above, at 4:47 p.m.

108. THE CAUSE OF DEATH* WAS AS FOLLOWS:

1340 A Endocarditis Acute

2. Pyelitis

3). Pneumonia Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Kidney Calculi, 1940 - Nephrosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, cystoscopic & Xray

(Signed) Otto J. Wilhelmsen, M. D.

, 19 (Address) 220 Univ. Club Bldg.

*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: Valhalla Cemetery

DATE OF BURIAL: April 27 1931

20. UNDERTAKER: Fran Frey

ADDRESS: 2707 N. Grand

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.