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.

2975

1. PLACE OF DEATH

95 County Ste Genevieve — Registration District No. 781 — File No.

Township Beauvais — Primary Registration District No. 6027 — Registered No.

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Charles Rudloff

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 18 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 1865

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 67 | 5 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 93C
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co Missouri

FATHER

13. NAME George Rudloff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

MOTHER

15. MAIDEN NAME Cecelia Winkler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

17. INFORMANT (ADDRESS) Mrs Sophia Rudloff St Mary Mo Star Route

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozora Mo DATE Jan 24 1933

19. UNDERTAKER (ADDRESS) Leo C. Baker Ste Genevieve Mo

20. FILED Jan. 23rd 1903 Wm G Thomure Registrar.

## MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-21 — 1933, to 1-22 1933

I last saw him alive on 1-22 1933 Death is said to have occurred on the date stated above, at 3 30 P m.

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

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | |
| Apoplexy Cerebral | — |
| 93C | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Myocarditis | 5 years |
| Hypertension | |
| Arteriosclerosis | |

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Oscar A Carron, M. D.

(Address) Ste Marys Mo.