

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

Do not use this space.

24626

1. PLACE OF DEATH

County..... Registration District No. 702
 Township..... Primary Registration District No. 303
 City St. Louis (No. 5309 So. Kingshighway) St. Ward) 6020

2. FULL NAME

(a) Residence, No. 5309 So. Kingshighway 14 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merger Drug Co.
 10. Date deceased last worked at this occupation (month and year) April, 1933 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Carl Rudert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hazel Rudert (ADDRESS) 5309 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Court DATE July 11

19. UNDERTAKER Kriegshauser Apothecaries (ADDRESS) 4238 So. Kingshighway

20. FILED 11 1933 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to July 8, 1933

I last saw him alive on 7-8, 1933. Death is said to have occurred on the date stated above, at 10:05 P.M.

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

Carcinoma of pancreas
& metastasis of pancreas
43 F
129 A
 Date of onset about
March
1932

Other contributory causes of importance:

4 Name of operation Cholecystectomy Date of.....
 What test confirmed diagnosis? Operation Was there an autopsy? no

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) W. Marshall J. Seibel, M. D.
 (Address) 6237 Southmaine

