

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

JUL 12 1935

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

Do not use this space.

21290

1. PLACE OF DEATH

County Registration District No. **791**
Township **1003**
City **St. Louis** (No. **5923**, So. Kingshighway)

File No.
Registered No. **5225**
St. Ward)

2. FULL NAME

Harry F. Rudy
(a) Residence, No. **5923** So. Kingshighway St., **2** 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 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 Agnes Rudy		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 - 1881		
7. AGE	YEARS 54	MONTHS 1
	DAYS 23	IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Railway Chk.**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)
Drouton Mo.

FATHER

13. NAME **Forsythe Rudy**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Farmington Mo.

MOTHER

15. MAIDEN NAME **Edith Shoulz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Mo.

17. INFORMANT (ADDRESS)
Agnes Rudy 5923 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn Cem.** DATE **June 17, 1935**

19. UNDERTAKER (ADDRESS)
Dr. P. F. ...

20. FILED **JUN 16 1935**
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14, 1935**
22. I HEREBY CERTIFY, that I attended deceased from **April 12, 1935** to **June 14, 1935**
I last saw him alive on **June 14, 1935** Death is said to have occurred on the date stated above, at **6 a. m.**
The principal cause of death and related causes of importance were as follows:

Aortitis
930
Date of onset **June 14**
Other contributory causes of importance:
Coronary sclerosis and chronic myocarditis

Name of operation Date of
What test confirmed diagnosis **Smear**. 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? **No.**
If so, specify
(Signed) **P. Brickbauer**, M. D.
(Address) **314 7 8 Jefferson**

Book 2000

2147.6 July

Class 2603