

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

Do not use this space.

OCT 23 1935

30834

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **500 So. Kings highway**, St. **7618** Ward)

2. FULL NAME *Geraldine Rudolph*

(a) Residence, No. **4716 Glover** St., **7** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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) *2-27-1928*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>7</i>	<i>6</i>	<i>13</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At school*
 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) *St. Louis Mo*

13. NAME *Willard Rudolph*

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

15. MAIDEN NAME *Genevieve Mastis*

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

17. INFORMANT (ADDRESS) *J. Mastis 500 N. Kings highway*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Cemetery 9/11/35*

19. UNDERTAKER (ADDRESS) *H. A. Stork 2117 E. Grand Ave.*

20. FILED SEP 10 1935 *J. T. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/8* 1935

22. I HEREBY CERTIFY, That I attended deceased from *9/5* 1935 to *9-8* 1935

I last saw him alive on *9-8* 1935. Death is said to have occurred on the date stated above, at *6:00 P.* m.

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

*Tetanus
 & rough fever
 acute meningitis
 acute tracheitis*

Date of onset
<i>8/30/35</i>
<i>9/2/35</i>
<i>9/7/35</i>
<i>9/8/35</i>

Other contributory causes of importance: *ZZ*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide *Accident* Date of injury *May 23 1935*
 Where did injury occur? *St. Louis Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Public place*
 Manner of injury *Fall from ladder*
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify
 (Signed) *Harold G. Stuy* M.D.
 (Address) *St. Louis Mo.*

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.

