

JUN 26 1936

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

Do not use this space. *01*

20818

1. PLACE OF DEATH

County *Harrison* Registration District No. *790*  
Township *Clinton* Primary Registration District No. *6033*  
City *Clinton* (No. *St. Louis Co. Mo.*) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. *186*

2. FULL NAME *LUEDEWINK, Rudolph*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Late Della</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 3 1872</i>				
7. AGE	YEARS <i>64</i>	MONTHS <i>1</i>	DAYS <i>2</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Hardwood Finish</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>✓</i>			
	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) <i>St. Louis Mo</i>				
FATHER	13. NAME <i>Rudolph</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Wilhelmina Kunsch</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>Mrs. Johanna Schnellbach</i> (ADDRESS) <i>#1 Duane Court</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. John's</i> DATE <i>May 8 1936</i>				
19. UNDERTAKER <i>Wm. Leibner and Co.</i> (ADDRESS) <i>417 N. Market St.</i>				
20. FILED <i>577</i> 1936 <i>De J. Agnelli</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/5 1936*

22. I HEREBY CERTIFY, That I attended deceased from *4/28*, 1936 to *5/5*, 1936  
I last saw him alive on *5/5*, 1936. Death is said to have occurred on the date stated above, at: *9:05 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Secondary Hemorrhage of Cd of Bladder* Date of onset *?*

Other contributory causes of importance:  
*Hemorrhage into bladder 2 wks. Hydronephrosis, bilateral Uremia*

Name of operation *Excision of Cd.* Date of *5/5/36*  
What test confirmed diagnosis *Autopsy* Was there an autopsy? *Yes*

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) *Joseph P. Tracy*, M. D.  
(Address) *St. Louis, Co. Mo.*

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.

WHILE PRINTING WITH CONTINUING INK—THIS IS A PERMANENT RECORD

W. Hunter