DEC 20 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Jefferson
Township Rock
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 423
Primary Registration District No. 5578

File No. 41653
Registered No. 33

2. FULL NAME Philip Rudler

(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 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~~ Maude Rudler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1877

7. AGE YEARS 60 MONTHS 5 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter
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.

FATHER
13. NAME Theodore Rudler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Maud Rudler Kimmswick Mo R.R. #1

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Mo. Creamotory DATE Nov 8th 1937

19. UNDERTAKER (ADDRESS) Heiligtag Funeral Home Kimmswick Mo. R.R. #2

20. FILED Nov 8, 1937 Phil. J. Kirk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1937, to Nov 6, 1937
I last saw him alive on Nov 5th, 1937. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar)

Date of onset

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Other contributory causes of importance:
Hypertension

Name of operation no Date of ✓
What test confirmed diagnosis? Phy Exam 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) Othmar J. Sumer, M. D.
(Address) Barnhart Mo

N.B. Every item of information should be carefully supplied. NOTE should be stated EXACT STATEMENT of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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