

5432  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City St. Louis (d) Street No. 3910 Lexington St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Rudge, Sr. 320

(a) Residence, No. 3910 Lexington St. 10 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Laura Rudge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. custodian  
 9. Industry or business in which work was done, as 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) Illinois

FATHER 13. NAME Syrus Rudge

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

MOTHER 15. MAIDEN NAME Elizabeth Blackburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield Kentucky

17. INFORMANT Geo Rudge Jr  
 (ADDRESS) 3910 Lexington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cemetery DATE 3-1 1938

19. FUNERAL DIRECTOR Southern Ind. Co  
 (ADDRESS) 6322 S. Grand

20. FILED FEB 28 1938 J. P. Brudack

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1938 to Feb 16, 1938

I last saw him alive on Feb 20, 1938 Death is said to have occurred on the date stated above, at 11 A.M.

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

Carcinoma left lung Date of onset 2 years

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Py 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) Arthur S. Suddath, M. D.  
 (Address) 2201 University St

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.

*D. J. Gundlach*  
*1702 Union*

**STATEMENT BY LICENSED EMBALMER**

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. Frank Ludwig

No. 2504 or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**