REC'D APR 21 1939

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

12188
Do not use this space.

95

1. PLACE OF DEATH
(a) County Ste. Genevieve 2 Registration District No. 781
(b) Township Beauvais 1 Primary Registration District No. 6027 Registered No. 3
(c) City ..... (d) Street No. ..... 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 341 SOPHIA RUDLOFF
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES RUDLOFF

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

7. AGE: YEARS 63 | MONTHS 5 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) STE GENEVIEVE, CO. MO

FATHER
13. NAME LEO STEIMLE
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 ANDREW RUDLOFF
(ADDRESS) ST. MARY'S MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OZORA MO DATE MAR. 25 1939

19. FUNERAL DIRECTOR (NAME) R. C. Bagley
(ADDRESS) Ste. Genevieve Mo

20. FILED 3/24 1939 Robert Thomure
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1939

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1939, to March 23, 1939
I last saw her alive on March 14, 1939. Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis AFS	1939
Kidney Failure	
Gangrene	

Other contributory causes of importance:

Pulmonary Hemorrhage	3-14-39

Name of operation NONE Date of .....
What test confirmed diagnosis? Clinical 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) Arthur E. Stephens, M. D.
705 (Address) Ste Genevieve 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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Leo C. Barber, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Leo C. Barber

Licensed Embalmer No. 1985

P. O. Address St. Genevieve, Mo

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

If this body is not embalmed, above space should be left blank.