

12-40
17-39
X29159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37417

State File No. _____

791

1003

Registrar's No. **9690**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6327 Vermont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ life _____ (Specify whether _____)
years, months or days

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6327 Vermont
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th
year 1940 hour 11 minute 10 P. M.
I hereby certify that I attended the deceased from Oct 20 1940
Nov 24th, 1940, to Nov 24, 1940
that I last saw her alive on Nov 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis
Apoplexy
Hypertension
Due to _____
Due to _____

Duration
Oct 20
to
Nov 24
1940

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Sibylla Rudde

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank J 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1, 187 8
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Nicholas Heusel

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Rudde
(b) Address 2050 Lafayette

17. (a) burial (b) Date thereof 11/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Geo L. Ziegenhagen
(b) Address 7027 Grayois

19. (a) NOV 26 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

6
6
6
6

[Signature]
Date signed Nov 26/40

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, or by.....

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

Signed E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.)

If this body is not embalmed, fact should be so stated above.