

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15841
Registrar's No. 736

Registration District No. 784
Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9427 Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9427 Baltimore
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James W Rudloff

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

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

7. Birth date of deceased June 14 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 18
If less than one day hr. _____ min. _____

9. Birthplace St Genevieve Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Edward Rudloff

13. Birthplace St Genevieve Mo
(City, town, or county) (State or foreign country)

14. Maiden name Annie Brown

15. Birthplace St Genevieve Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sam C Rudloff
(b) Address Overland Mo

17. (a) Burial (b) Date thereof April 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Mo Cemetery
18. (a) Signature of funeral director: Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) APR 4 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1941 hour 5:15 P M minute _____ M.

21. I hereby certify that I attended the deceased from Mar 15
1941 to Apr 2 1941
that I last saw him alive on Apr 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Roban Pneumonia
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 10 8

Major findings:
Of operations _____
Of autopsy _____

Duration
18 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other) [Signature]
Address 2513 Woodland Date signed 4-3-41

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

MOTHER FATHER

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..... *Al C. Ostermann*

Licensed Embalmer No. *3478*

P. O. Address.....

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.