S. No. 2
4-13-40
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I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36774

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9004

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1125 A N Compton Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1125 A. N. Compton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margie Rudolph

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 21 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	7	hr. min.

9. Birthplace Stonewall Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Day Work

11. Industry or business

FATHER
12. Name E. Jordan
13. Birthplace Stonewall Miss. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Gray
15. Birthplace Stonewall Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Carter
(b) Address 1306 A. Webster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Wright.s Funeral Home
(b) Address 3100 Easton Ave.

19. (a) NOV 13 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8th
year 1941 hour 1:35 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aneurysm (Dissecting) of Aortic Arch Syphilitic

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 30 d
Of autopsy 34

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 11/10/41

(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, or by William C McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C McDowell

Licensed Embalmer No. 2114

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.