

FILED JUN 9 1943 818
Registration District No.

Primary Registration District No. **1005**

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

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days
(Specify whether

In this community..... (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**
17
9 10

(a) State Missouri (b) County.....

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

(d) Street No. 3950 Greer ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME Martin A. Rudloff

3. (b) If veteran, name war no

3. (c) Social Security No. 491-12-8553

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth Rudloff

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

7. Birth date of deceased October 19 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>7</u>	hr. min.

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

10. Usual occupation Vice-President

11. Industry or business IslerTompsett Litho Co.

MOTHER FATHER

12. Name Edward Rudloff

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Ulrich

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jeanette Rudloff

(b) Address 3950 Greer avenue

17. (a) Burial (b) Date thereof May-29- 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director A. Krom L.O.U. Co.

(b) Address 2707 N. Grand Blv'd

19. (a) MAY 25 1943 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 2 minute 10 a. M.

21. I hereby certify that I attended the deceased from April 16, 1943, to May 26, 1943
that I last saw him alive on May 25, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia, bilateral Duration 4 da.

Due to Post-operation 5/27/43

Due to Carcinoma of sigmoid

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

Major findings: Ca of sigmoid 5/7/43
Of operations Colestomy of sigmoid
Of autopsy None granted

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?

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

23. Signature Poland Skieffer (M. D. or other) 0
Address 4500 Olive Date signed 5/26/43

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.....

Paul F. Krollenberg

Licensed Embalmer No. *2281*

P. O. Address. *7707 N Grand*

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.