

FILED FEB 27 1948
Registration District No.

Primary Registration District No.

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:
4234 Red Bud Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 60 Years
years, months or days

3. (a) PRINT FULL NAME Augusta Kolp Rudolph
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John H. Rudolph 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 10, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>30</u>	_____ hr. _____ min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Bleicher
 { 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walter Knollmann
 (b) Address 4234 Red Bud Ave

17. (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul Cemetery
 18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) JAN 11 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")
 (d) Street No. 4234 Red Bud Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
 year 1944 hour 7:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from April '43
 _____ 19____ to Jan 9 19____
 that I last saw her alive on Jan 6 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
 Due to Carcinoma of stomach
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations About 1 yr ago (Apr. 1943)
 Of autopsy _____
 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? _____ (c) Means of injury _____

23. Signature W. H. Oles (M. D. or other) _____
 Address 3720 Washington Date signed 1/11

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 William G. Buehler
Licensed Embalmer No. 2110 J
P. O. Address St. Louis Mo

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.