

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

34543

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 4 1944

Registration District No. 168

Primary Registration District No. 3029

Registrar's No. 129

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town CRYSTAL CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 25 YEARS  
years, months or days

3. (a) PRINT FULL NAME RUDOLPH STADLER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased FEBRUARY 14, 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Bellevue, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business RETIRED

12. Name UNKNOWN

13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 9

15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Osamu Stadler

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof July 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. LOUIS, MO.

18. (a) Signature of funeral director Arthur R. Jolicoeur

(b) Address Crystal City, Mo.

19. (a) July 25, 1944 (b) Lilly Williams  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON  
(c) City or town CRYSTAL CITY 50  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1944 hour 4:50 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 20th 1944  
to July 20th 1944

that I last saw him alive on July 20th 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary hemorrhage Duration \_\_\_\_\_

Due to Coronary Hemorrhage

Due to 83a

Other conditions (Include pregnancy within 3 months of death)

Dr. Edgar E. Whiteside PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Edgar E. Whiteside (M. D. or other) 0

Address Crystal City, Mo. Date signed 7-25-44

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

50, 1

1359

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 97

District File Number.....

Date Filed 11-2-44

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.....

*Guertey R. Polite*

Licensed Embalmer No. 3487

P. O. Address Crystal City, 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.**