

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 11102

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max O. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution. 9 days (Specify whether
In this community 25 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 19TH PARK (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Rudy

3. (b) If veteran, name war NAME 3. (c) Social Security No. 25

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years About 57 Months Days If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business

12. Name William Rudy 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MRS. Glenda Rudy (b) Address 4525 NORTH 19TH ST.

17. (a) BURIAL (b) Date thereof 12/27/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS 18. (a) Signature of funeral director J. M. McLaughlin

(b) Address 1222 W. 19th St. (c) Date received local registrar DEC 27 1944 (Registrator's signature) J. M. Brudeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 12/14/44 to 12/23/44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease

Due to: Due to:

Other conditions: (Include pregnancy within 3 months of death) 93

Major findings: Of operations: 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? (e) Means of injury 23. Signature James J. Smith (M. D. or other) Address 1515 Lafayette Date signed 12/26/44

DEC 27 1944

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.