

S. No. 2
DM-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15143
State File No. _____
Registrar's No. **3219**

FILED MAY 2 1946
Registration District No. _____

Primary Registration District No. **1003**

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:
4133 Magnolia
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4133 Magnolia**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **CHARLES RUDOLPH, JR.**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Virginia Shell** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **March 13 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	0	23	hr. min.

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

10. Usual occupation **Reference Assn.**

11. Industry or business **Employment Agency**

MOTHER FATHER {

12. Name **Charles Rudolph, Sr.**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Bartha Posey**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. E. Rudolph**

(b) Address **1005 Hi-Point Place**

17. (a) **burial** (b) Date thereof **4/8/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Alexander & Sons. (Inc)**

(b) Address **6175 Delmar Blvd., St. Louis, Mo.**

19. (a) **APR 8 1946** (b) **J. F. Bueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6th**
year **1946** hour **3:05** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Barbituric Acid Poisoning; when he was found in bed at his home on April 6, 1946, about 3:05 P.M. SUICIDE**

Due to _____

Other conditions **1/6 3B:2**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **SUICIDE**

(b) Date of occurrence **4-6-1946**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **home**

While at work? **my** (Specify type of place) Means of injury **suicide**

23. Signature **J. F. Bueck** (M. D. or other) **3**

Address **St. Louis, Mo.** Date signed **4/8/46**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....
Thomas R Fenwick

Licensed Embalmer No.....
3793

P. O. Address.....
6175 Delmar

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.