

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28979

BIRTH NO. _____ REG. DIST. NO. 3172 PRIMARY REG. DIST. NO. 4465 Registrar's No. 1998 1997

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill 4631	
d. FULL NAME OF HOSPITAL OR INSTITUTION 144 SALEM HILLS DRIVE		STREET ADDRESS (If rural, give location) 1414 Salem Hills drive	
3. NAME OF DECEASED a. (First) Adele		b. (Middle) Rudolph	c. (Last) Rudolph
4. DATE OF DEATH Aug 18 1950		5. SEX Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1-17-1881	9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm F. Storck	13b. MOTHER'S MAIDEN NAME Emelie Deios
14. NAME OF HUSBAND OR WIFE George B. Rudolph		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME George B. Rudolph		ADDRESS 1414 Salem Hills Rock Hill, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		ANTECEDENT CAUSES		2 years
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Hypertensive Cardio-vascular disease		4 years
DUE TO (c) —		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Rock Hill St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 16, 1950, to Aug 18, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. McCall		(Degree or title) M.D.	23b. ADDRESS Brentwood 17, Mo		23c. DATE SIGNED 21 Aug 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 21, 1950		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. 8-21-50	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, 7450 Manchester ave. Maplewood, Mo.		
----------------------------------	---	--	--	--	--

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed J. A. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1453

P. O. Address Indianapolis, Ind.

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.