

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10929

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 788

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kevil	
c. LENGTH OF STAY (in this place) _____		8160 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7307 Jenwood		d. STREET ADDRESS (If rural, give location) R.R.#3	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Elisha	b. (Middle) B.	c. (Last) Rudolph	(Month) March	(Day) 27	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) /	8. DATE OF BIRTH April 19, 1893	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Kevil, Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter R. Rudolph	13b. MOTHER'S MAIDEN NAME Lillie Oberstat	14. NAME OF HUSBAND OR WIFE Bessie Rudolph
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Harold Ryan, 7307 Jenwood, Jennings	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 420.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **March 27, 1951**, to **March 27, 1951**, that I last saw the deceased alive on **March 27, 1951**, and that death occurred at **8:10** m., from the causes and on the date stated above.

23a. SIGNATURE David J. Light (Degree or title) Dr. M.D.	23b. ADDRESS 5738 W. Flourissant	23c. DATE SIGNED March 27, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3-27-51	24c. NAME OF CEMETERY OR CREMATORY La Center, Kentucky	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. 3/27/51	REGISTRAR'S SIGNATURE Herbert P. Tombe	FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. *3749*

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.