

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6739

State File No.

318

1003

Registrar's No. 1324

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 204	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1131 Forest Av.		d. STREET ADDRESS (If rural, give location) 1131 Forest Av.	

3. NAME OF DECEASED (Type or Print)	a. (First) Ann	b. (Middle)	c. (Last) Rudolph	4. DATE OF DEATH (Month) (Day) (Year) 2-10-52
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5. SEX Fem	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH May 15, 1877	9. AGE (in years) (Month) (Day) 74 yr.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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) Unk.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME M. Mcardle	13b. MOTHER'S MAIDEN NAME A. Fitzpatrick	14. NAME OF HUSBAND OR WIFE Oscar J. Rudolph
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Fahy 1131 Forest Av.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		ONE DAY
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE DUE TO (c) AURICULAR FIBRILLATION		FIVE DAYS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE		ONE MONTH	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **Nov. 21, 1951**, to **FEB. 10, 1952**, that I last saw the deceased alive on **FEB. 10, 1952**, and that death occurred at **10:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert A. Hall (Degree or title) MD	23b. ADDRESS 3902 LAFAYETTE ST. LOUIS, MO	23c. DATE SIGNED FEB. 11, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/13/52	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. FEB 11 1952	REGISTRAR'S SIGNATURE J. Carl Smith, MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmutz 3125 Lafayette
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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 *Bert Hoff*

Licensed Embalmer No. *4366*

P. O. Address *Stam, Md*

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.