

37055

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 500  
10. 19

INDEX OCT 29 1952

BIRTH NO. MO. Theaker REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2691

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
d. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City, Mo</u>	
c. LENGTH OF STAY (in this place) <u>254AS</u>		d. STREET ADDRESS (If rural, give location) <u>6225 Cabanne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6225 Cabanne</u>		d. STREET ADDRESS <u>6225 Cabanne</u>	

3. NAME OF DECEASED (Type or Print) <u>MORETS RUDNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 18, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>UNK</u>	9. AGE (In years last birthday) <u>at 73</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESTRA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GARMENT MANF.</u>	11. BIRTHPLACE (State or foreign country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>MAY 12 RUDNER</u>	13b. MOTHER'S MAIDEN NAME <u>UNK</u>	14. NAME OF HUSBAND OR WIFE <u>Dora</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Rudner 6225 Cabanne</u>

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, asthma, 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) <u>arterosclerotic heart disease</u>		<u>1 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diabetes mellitus</u> DUE TO (c)		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260X</u>			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 June, 1943, to Oct 18, 1952, that I last saw the deceased alive on Oct 16, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Sedwami</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>634 No. Grand</u>	23c. DATE SIGNED <u>10/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brai Amour</u>	24d. LOCATION (City, town, or county) (State) <u>University City, Mo</u>
DATE REC'D BY LOCAL REG. <u>10-18-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Thomas 2715 McPherson</u>	

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

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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.....

Licensed Embalmer No. *4289*

P. O. Address.....

**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.