

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16960

318

1003

State File No.

4666

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4622 NATURAL BRIDGE				f. STREET ADDRESS (If rural, give location) 4622 NATURAL BRIDGE					
3. NAME OF DECEASED (Type or Print) a. (First) JULIUS		b. (Middle) _____		c. (Last) RUDNAY		4. DATE OF DEATH (Month) (Day) (Year) 5 27 55			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4 - 27 - 1882			
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR (Months) _____		IF UNDER 2 HRS. (Hour) _____		IF UNDER 15 HRS. (Min.) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE CO.		11. BIRTHPLACE (City and State or Foreign Country) HUNGARY			
12. CITIZEN OF WHAT COUNTRY? U S A				13a. FATHER'S NAME JOHN RUDNAY		13b. MOTHER'S MAIDEN NAME MARY			
14. NAME OF HUSBAND OR WIFE ELIZABETH RUDNAY				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO					
16. SOCIAL SECURITY NO. 493-10-8230				17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELIZABETH RUDNAY 4622 NATURAL BRIDGE					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart disease DUE TO (c) Cerebro-vascular II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. accident				INTERVAL BETWEEN ONSET AND DEATH 1953 1954	
19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION NO				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) (Min.) NO			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200							
22. I hereby certify that I attended the deceased from 1/4 , 19 55 , to 5/19 , 19 55 , that I last saw the deceased alive on 5/19 , 19 55 , and that death occurred at 5 17 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. P. Pollock M.D.				23b. ADDRESS 3571 So Grand		23c. DATE SIGNED 5/27/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 5 - 28 - 55		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI			
DATE REC'D BY LOCAL REG. MAY 27 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE					

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

Dr. Faulk

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.....
Signature of Student Embalmer

Signed *M W Ruster*

Licensed Embalmer No. *486*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.