

REG. NO. 15546
 SL-9011
 FILED MAY 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4434
 Registrar's No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a- STATE ILLINOIS -- b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN PRAIRIE DU ROCHER	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		e. STREET ADDRESS (If rural, give location) 8170 S	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) C. c. (Last) RUDLOFF			4. DATE OF DEATH (Month) (Day) (Year) 5-6-56
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 5-3-91
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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 (City and State or Foreign Country) ST. GENEVIEVE COUNTY, ILL.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME LEO RUDLOFF	
13b. MOTHER'S MAIDEN NAME ELLEN BROWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CALCIFIC AORTIC STENOSIS		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) RHEUMATIC HEART DISEASE UNKNOWN	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) PULMONARY EMBOLISM UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		411 X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 416 X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21f. HOW DID INJURY OCCUR?
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"/>		
22. I hereby certify that I attended the deceased from 4-5, 19 56, to 5-6, 19 56, that death occurred at 2:20 pm., from the causes and on the date stated above.			
23a. SIGNATURE OF REGISTRAR W. E. PATRICK MD		23b. ADDRESS VAH, 915 N. GRAND, ST. LOUIS, MO.	23c. DATE SIGNED 5-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/8/56	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REG. MAY 7 1956	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler Mortuary 5611 S Grand Blvd.	

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.....
Signature of Student Embalmer

Signed *Lee C. Branson*.....

Licensed Embalmer No. *470*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.