

FILED JUN 19 1956

STANDARD CERTIFICATE OF DEATH

22461

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY STE. GENEVIEVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY STE. GENEVIEVE

b. CITY OR TOWN RURAL BEAUVILLE c. LENGTH OF STAY (in this place) LIFE

c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: ST MARY'S MO STAR ROUTE

e. STREET ADDRESS (If rural, give location) ST MARY'S MO, STAR ROUTE 0950

3. NAME OF DECEASED
a. (First) MATTIE b. (Middle) E c. (Last) RUDLOFF

4. DATE OF DEATH (Month) (Day) (Year)
JUNE 11 1956

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED: NEVER MARRIED WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH JULY 8 1894

9. AGE (in years last birthday) 71

IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) COFFMAN MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN PATTERSON

13b. MOTHER'S MAIDEN NAME MARY BALLARD

14. NAME OF HUSBAND OR WIFE PETER RUDLOFF

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Freeman Rudloff St. Mary, Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis
DUE TO (c) congestive heart failure
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. chronic pyelonephritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 331x

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept, 1955, to JUNE 11, 1956, that I last saw the deceased alive on JUNE 11, 1956, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph F. Lutkenwitz M.D.

23b. ADDRESS ST. Marys Mo

23c. DATE SIGNED JUNE 12 56

24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JUNE 13 1956

24c. NAME OF CEMETERY OR CREMATORY MINNITH

24d. LOCATION (City, town, or county) (State) MINNITH MO

DATE REC'D BY LOCAL REG JUNE 17, 1956 REGISTRAR'S SIGNATURE Paul Baker

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee C. Baker St. Genevieve Mo

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

95-8

81-0

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

Adrian J. Etker

Licensed Embalmer No. *474*

P. O. Address *St. Genevieve*

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.