

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29060

State File No.

FILED AUG 24 1956

6616

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 OR TOWN Saint 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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Club Bldg.,				e. STREET ADDRESS (If rural, give location) 4006a Lee Avenue, 7,				21090	
3. NAME OF DECEASED (Type or Print) a. (First) CYRUS			b. (Middle) M.		c. (Last) RUDGE		4. DATE OF DEATH (Month) (Day) (Year) July 14th, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct, 11th, 1901		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Color Maker			10b. KIND OF BUSINESS OR INDUSTRY Stout Sign Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Cyrus Rudge			13b. MOTHER'S MAIDEN NAME Clara Brante			14. NAME OF HUSBAND OR WIFE Marie Rudge Nee Gies			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 497-05-2344		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Rudge, 4006a Lee Avenue, 7,			ADDRESS _____	
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 hr 5 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.1						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 6-1-1956 , to 7-14-1956 , that I last saw the deceased alive on 7-14-1956 , and that death occurred at 9:45A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Albert Kaplan MD				23b. ADDRESS 607 N. Grand			23c. DATE SIGNED 7-16-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/17/56		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. JUL 16 1956		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.				

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..... *Ralph C. Findees*

Licensed Embalmer No. *4278*

P. O. Address *317 Zoning*

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.