

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10989**  
Registrar's No. **2011**

FILED MAR 18 1957

318

PRIMARY REG. DIST. NO.

1003

REG. DIST. NO.

2011

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		e. CITY OR TOWN <b>St. Louis</b>	
f. STREET ADDRESS (If rural, give location) <b>3553 Crittenden Street</b>		g. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCIS</b> b. (Middle) <b>M</b> c. (Last) <b>RUDI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 26 1957</b>	
5. SEX <b>Male. 0</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower 2</b>		8. DATE OF BIRTH <b>Oct. 21, 1870</b>	
9. AGE (In years last birthday) <b>86 yrs.</b>		10. MONTHS ( ) DAYS ( ) HOURS ( ) MIN. ( )	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Pharmacist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Swiss Alps, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>C.C. Rudi</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Balko</b>	
14. NAME OF HUSBAND OR WIFE <b>Wilhelmina Graul</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>500-18-9996</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dr. Herbert Rudi, 3553 Crittenden St.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331x</b>	
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 <b>2/22, 1957</b> to <b>2/26, 1957</b> that I last saw the deceased alive on <b>2/26, 1957</b> , and that death occurred at <b>5:30 P. M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Edward W. Gzelinski M.D.</b>		23b. ADDRESS <b>3701 Grand St.</b>	
23c. DATE SIGNED <b>2/27/57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>3-1-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 28 57</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>	

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

(R)

Phone - 98-3-4430  
Hours 4-4

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 *Richard J. Krupar*

Licensed Embalmer No. 349

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.