

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26518

5590 FILED JUL 31 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6786**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in lb 51 yrs 2 ^{2 1/2} ^{5 1/2} STREET ADDRESS 5851 Nina (If outside, give location)	
3. NAME OF DECEASED (Type or print) First HARVEY Middle F. Last RUDY		4. DATE OF DEATH Month July , Day 19 , Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Retail & Whse. Bky.	11. BIRTHPLACE (City and state or country) Poland
13. FATHER'S NAME Frank Rudy		14. MOTHER'S MAIDEN NAME Ida (unk)	
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. Unk.	17. INFORMANT Mrs. Rena Rudy 5851 Nina
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE*(a) Leukemia, chronic granulocytic			INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 204.1	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 11, 1957 to July 19, 1957 and last saw him alive on 7/19/57 Death occurred at 4 30 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Harry Berger</i> (Dr or title)		22b. ADDRESS 634 N. Grand, St. Louis 3, Mo	22c. DATE SIGNED 7/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Rem.	7/21/57	Boch Hamedrosh Hagodol	Ladue, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 c herson		25. DATE RECD. BY LOCAL REG. JUL 22 57	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
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300 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

