

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36455**

S. No. 300
v. 10-48

FILED OCT 30 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>9595</u> Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, write RURAL and give township) ROCK TOWNSHIP		c. LENGTH OF STAY (in this place) 45 YRS	c. CITY OR TOWN NEAR IMPERIAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL ROUTE IMPERIAL MO			e. STREET ADDRESS (If rural, give location) RURAL ROUTE IMPERIAL MO		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) P.	c. (Last) TRUDO		4. DATE OF DEATH (Month) (Day) (Year) OCT. 13 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 5, 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SIGNAL R. R. SIGNAL MAINTAINANCE		10b. KIND OF BUSINESS OR INDUSTRY MINERAL POINT MO		11. BIRTHPLACE (City and State or Foreign Country) MO	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME HENRY TRUDO		13b. MOTHER'S MAIDEN NAME FRANCES PAYNE	
14. NAME OF HUSBAND OR WIFE CLARA TRUDO NEE DEGONIA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 702-16-0298	
17. INFORMANT'S SIGNATURE OR NAME CLARA TRUDO IMPERIAL 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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 10 13 57 AM		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 Inquest , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert E. Bauer M.P.		23b. ADDRESS Imperial MO		23c. DATE SIGNED 10/13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT 16 1957	24c. NAME OF CEMETERY OR CREMATORY PARK LAWN	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY		
DATE REC'D BY LOCAL REG OCT. 15, 1957		REGISTRAR'S SIGNATURE Robert E. Bauer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO	

5440

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 23 1957

OCT 30 1957

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 *Arthur W. Skelton*

Licensed Embalmer No. *3872*

P. O. Address *Empire*

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.