

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034973
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2569

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Crestwood 4790	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital DOA		d. STREET ADDRESS (If outside, give location) 1520 S. Sappington	

3. NAME OF DECEASED (Type or print) First THELMA Middle A Last RUDY			4. DATE OF DEATH Month Oct. Day 6, Year 1958		
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5. SEX Female	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 July 5, 1901	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator	10b. KIND OF BUSINESS OR INDUSTRY Park Plaza Motel	11. BIRTHPLACE (City and state or country) St Louis Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dave Nighwander	13b. MOTHER'S MAIDEN NAME Clara Allen	14. NAME OF HUSBAND OR WIFE Henry Rudy
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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. 498-18-9481	17. INFORMANT Address Henry Rudy, 1520 S. Sappington, Crestwood
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	331X	
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 type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 4:45 Month 7 Day 5 Year 1958 a.m. p.m.
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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
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21. I attended the deceased from Death occurred at July 1 '58 to Oct 6 '58 and last saw her alive on Oct 3, 1958 b:45A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Dr. U. R. Franzen D.C.	22b. ADDRESS 2107 Brentwood Blvd	22c. DATE SIGNED 10/7/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/8/58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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24. FUNERAL DIRECTOR ADDRESS Louis H. Bopp Inc. Kirkwood	25. DATE RECD. BY LOCAL REG. 10-7-58	26. REGISTRAR'S SIGNATURE Robert P. Donke M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Francis J. Magland Jr*

Licensed Embalmer No. *4572*

P. O. Address *Richard, Mo*

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.