OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–038523

FILED WS NOV 2 1959

MENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2834

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7704 Cheshire Lane — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Affton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7704 Cheshire Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First AMELIA Middle LOUISE Last RUDOLPH

4. DATE OF DEATH Month Oct. Day 24, Year 1959

5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6/6/1892
9. AGE (last birthday) 67
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Gerken
13b. MOTHER'S MAIDEN NAME Gesina Alpers
14. NAME OF HUSBAND OR WIFE Arthur J. Rudolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 488-05-3530
17. INFORMANT Mr. Robert Rudolph, 612 So. Fillmore (22) — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Breast (left) — 18 mo
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1950, to October 24 '59 and last saw her ~~him~~ alive on October 17, 1959
Death occurred at 6:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry A. Hazlett M.D. (Degree or title)
22b. ADDRESS 607 N. Grand Blvd
22c. DATE SIGNED Oct 26, 59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Oct. 27, 1959
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)

24. FUNERAL DIRECTOR BEIDERWIEDEN F.H.INC., ADDRESS 1936 St.Louis Ave
25. DATE RECD. BY LOCAL REG. 10-27-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Dr. H. A. Hassett
University Club Bldg.
JE 3 00402
4440 Kindell Apt. 702

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed [signature]
Signature of Student Embalmer

Licensed Embalmer No. 4520

P. O. Address St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.