

URIAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035304

FILED VS. SEP 20 1960/62

Registration District No. _____ Primary Registration District No. 5594 Registrar's No. 101

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>FRANKLIN</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-MERAMEC</u>		Length of stay in 1b <u>16 yrs 9 mos 3 days</u>	c. CITY OR TOWN <u>UNION</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INFIRMARY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. 3. D.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>RUDOLPH JULIUS</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 4, 1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/7/1883</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER S&W S&W</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR S&W S&W</u>		11. BIRTHPLACE (City and state or country) <u>Mo. U.S.A.</u>	
13a. FATHER'S NAME <u>HERMAN JULIUS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY NEIER</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Bro. Roch. St. Joseph's Hill Infirmary</u> Address <u>Evans</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute cardiac decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>generalized arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>August 1959</u> to <u>9/4/60</u> and last saw her alive on <u>9/1/60</u> Death occurred at <u>10.30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Patrick C. Hogan md.</u> (Degree or title)		22b. ADDRESS <u>2623 Telegraph Hwy 25</u>		22c. DATE SIGNED <u>9/4/1960.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/7/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem</u>	23d. LOCATION (City, town, or County) <u>Union Mo</u>		State
24. FUNERAL DIRECTOR <u>Union funeral Home Union Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-7-60</u>	26. REGISTRAR'S SIGNATURE <u>Robert C. Baum</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 T 1901

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley G. Meyer

Licensed Embalmer No. 4639

P. O. Address Union T

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.