

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
~~3197~~
~~3508-2537~~
791
3508
File No. _____
Registered No. **1009**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis, Mo** (No. **3125** **Shenandoah**)

2. FULL NAME

(a) Residence, No. **3125** **Shenandoah** St., **17** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 30th** 19**30**
17. I HEREBY CERTIFY, That I attended deceased from **Jan 28th** 19**30** to **Jan 30th** 19**30** that I last saw him alive on **Jan 28th** 19**30**, and that death occurred, on the date stated above, at **1:30 A.** m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Theresa Rudolph**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
**Cerebral hemorrhage
apoplexy.**
(duration) _____ yrs. _____ mos. **5** ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 2/1861**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 0 28

CONTRIBUTORY (SECONDARY) **Arterio sclerosis**
Indefinite (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Laborer**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Park Dept.**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATIVE PRECEDE DEATH? **no** DATE OF _____
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS **Clinical Symptoms**
(Signed) **W. A. Green**, M. D.
Jan 30th, 19**30** (Address) **1544 So Broadway**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **California**
10. NAME OF FATHER **Adolph Rudolf**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
12. MAIDEN NAME OF MOTHER **Unkempfen**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT (Address) **Theresa Rudolph**
3125 Shenandoah

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED **31** 19**30** **May C. Farber** REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Oak Hill** DATE OF BURIAL **Feb. 1** 19**30**
20. UNDERTAKER **Wacker Hebeluh** ADDRESS **2331 S. Borden**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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