

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

Do not use this space.

20700

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789 File No. _____
 Township Central Primary Registration District No. 6033A Registered No. 181
 City _____ (No. 75 Bellerive Acres) St. _____ Ward _____

2. FULL NAME

John Rudray
 (a) Residence, No. 75 Bellerive Acres, St. _____ Ward _____
 (Usual place of abode) (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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Rudray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	52	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

13. NAME Mathias Rudray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Mrs Johanna Rudray
 (ADDRESS) 75 Bellerive Acres

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove Cem. DATE June 21, 1932

19. UNDERTAKER Geo. L. O'Leary Inc
 (ADDRESS) 5966 Easton Ave.

20. FILED 6-22-1932 Isela Bray M.D
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1932

22. I HEREBY CERTIFY That I attended deceased from May 18, 1932, to June 17, 1932.
 I last saw h. live alive on June 10, 1932. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Pyo. nephrosis
2311
1931
 Other contributory causes of importance: Pulmonary tuberculosis?

Date of onset
1931
?

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Albert E. Taussey, M. D.
 (Address) 3720 Washington Ave

N. B.—Every item of information should be carefully supplied. Exact date of death is important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact date of death is important. 27 1932

Item of [unclear] on about [unclear]
[unclear] [unclear] [unclear]

3710 [unclear]

1000 [unclear] 12 30 [unclear]
