

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

Do not use this space.

40980

1. PLACE OF DEATH

County..... Registration District No. 301
 Township..... Primary Registration District No. 203
 City St. Louis (No. 3841), Waffitt St. _____ Ward _____

File No. _____
 Registered No. 10926

2. FULL NAME Malinda Rosana Rudy

(a) Residence, No. 3841 Waffitt St. 11 Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>John A. Rudy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 19 1860.</u>		
7. AGE YEARS <u>74.</u>	MONTHS <u>2</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) Farmington
 (STATE OR COUNTRY) MO.

13. NAME Wilson R. Laws

14. BIRTHPLACE (CITY OR TOWN) Farmington
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Margarinete Sams

16. BIRTHPLACE (CITY OR TOWN) Farmington
 (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Effie Davis
 (ADDRESS) 3841 Waffitt

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bonne Terre Mo. DATE Nov 16 1934

19. UNDERTAKER A. W. McLaughlin
 (ADDRESS) 2301 Lafayette

20. FILED Nov 15 1934 J. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 1933 to Nov 14 1934
 last saw her alive on Nov 14 1934 Death is said

to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis followed by acute cardiac dilatation
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

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) G. H. Kulker M. D.
 (Address) 312 1/2 Grand Blvd.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

