

JAN 14 1935

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

Do not use this space.

44409

File No. 11482
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. Desloge Hospital)

2. FULL NAME Lois C. Rhudisil

(a) Residence, No. 3245 Lafayette Ave. st., 17 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 20 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1900
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
34 9 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office.
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) Cold Water, Missouri.

13. NAME Drew M. Rhudisil.

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

15. MAIDEN NAME Effie Jane Alley.

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

17. INFORMANT (ADDRESS) Drew M. Rhudisil, 3245 Lafayette, Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cold Water, Mo. DATE Dec, 6th, 1934

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin, 2301 Lafayette Mo.

20. FILED 1934 19 _____
J. F. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

210
deceased in a head-on collision between two automobiles deceased was a passenger in one of the automobiles, 211 at Esther, Mo
Other contributory causes of importance: Primal Carelessness
Date of onset _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 7, 1934
Where did injury occur? Esther, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Collision between two autos
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signature) Charles J. Chu
(Address) 1334 34

