

STANDARD CERTIFICATE OF DEATH

State File No. **20132**
Registrar's No. **5080**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3929 Cleveland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community St. Louis
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 3929 Cleveland Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Katherine Ward Rudd **3071**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Edward Rudd 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 9, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 29 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

12. Name Thomas Ward

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Ford

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Rudd

(b) Address 3929 Cleveland Ave.

17. (a) Burial (b) Date thereof June 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Finan

(b) Address 1519 S. Grand Blvd.

19. (a) JUN 10 1940 (b) J. Blasech
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 1929 to June 8 1940
that I last saw her alive on June 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Arterio Sclerosis

Due to Arterio Sclerosis

Other conditions Society
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Rubald (M. D. or other) _____

Address St. Louis Date signed 6-10-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Howard G. Rowland*

Licensed Embalmer No. *3114*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.