

FILED APR 13 1942

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 794

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County St. Louis City
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7013 S 13th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1942 hour 6:00 minute A.M.
21. I hereby certify that I attended the deceased from April 1, 1942 to April 8, 1942
that I last saw him alive on April 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
chronic myocarditis
Due to chronic nephritis
Due to 131V
Other conditions smile changes
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) _____ (e) Means of injury _____
23. Signature B. R. Fovine (M. D. or other) MD
Address Ballwin, Mo. Date signed 4-8-42

3. (a) PRINT FULL NAME William S. Rudy
3. (b) If veteran: name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
7. Birth date of deceased: Sept. 15th 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Ret

11. Industry or business _____
12. Name Sidney Rudy
13. Birthplace unk.? (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hines
15. Birthplace unk. (City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Nursing Home
(b) Address Ballwin Mo
17. (a) Buried (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director John J. ...
(b) Address ...
19. (a) APR 9 1942 (b) ...
(Date received local registrar) (Registrar's signature)

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

76
6
0

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.....

John M Meyer

Licensed Embalmer No. *3288*

P. O. Address.....

Kirkwood, mo

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, fact should be so stated above.