

FILED NOV 20 1943 **318**  
Registration District No.

Primary Registration District No. **1003**

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

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:  
Christian Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 6 mo 26 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Marie Rudloff.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Fred Rudloff.

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased June 16, 1865.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>4</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Berlin, Germany.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ? Lange.

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

14. Maiden name Marie Grunewald.

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

16. (a) Informant Mr. Alfred Rudloff.

(b) Address 2114 - 67th. Street.

17. (a) Cremation (b) Date thereof 11-13-1943.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Avenue

19. (a) NOV 12 1943 (b) J. J. Bradeau  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 8971 St. Louis Avenue.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th.  
year 1943 hour 1 minute 21 AM/PM

21. I hereby certify that I attended the deceased from Aug 4 - 1943 to NOV. 11, 1943  
that I last saw h. ER. alive on NOV. 10 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration 1 Year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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)

23. Signature James J. Clark (M. D. or other) \_\_\_\_\_  
Address 5536 Kalam Lane Date signed 11-12-43

Dr. James T. Cook.  
5536 Robbins Avenue.

Evergreen 0024

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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 *Ben E. Hoffman* .....

Licensed Embalmer No. *4366* .....

P. O. Address. *St. Louis, 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.**