

FILED MAR 1 1944

State File No.

1818

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2834 North Euclid Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days (Specify whether)

3. (a) PRINT FULL NAME Alma S. Rudolph
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 widow
6. (b) Name of husband or wife (unknown) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 21st 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 2 hr. min.

9. Birthplace Germang (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

12. Name (unknown)

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

14. Maiden name "

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

16. (a) Informant Mrs. Elsie Farber

(b) Address 2834 North Euclid Avenue

17. (a) burial (b) Date thereof 2-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) FEB 23 1944 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 96
(d) Street No. 2834 North Euclid Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd
year 1944 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1943
_____ 19 _____ to Feb 23 1944
that I last saw her alive on Feb 22
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Liver & Ovaries 6 mo
Due to Primary pituitary
Due to metastasis
Other conditions Secondary
(Include pregnancy within 3 months of death)
Major findings:
Of operations H&E
Of autopsy _____

Duration

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) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1875 [Address] Date dictated 2-23-44

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

MOTHER FATHER

Dr. Striegel
7875 madison
2 P.M.

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 Albert J. Mayfield

Licensed Embalmer No. # 3097

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.