

S. No. 2
M-5-43
5-17-39
I X36571

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rudolph L. Stadnick

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Vera Stadnick

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. September 11, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Linotype Operator
Star-Times

11. Industry or business _____

12. Name John Stadnick

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

14. Maiden name Ida (Unknown)
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Vera Stadnick

(b) Address Buckley Rd., Lemay 23, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-25-47
(Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) (Date received local registrar) JAN 23 1947

(b) (Registrar's signature) J. F. Bredek

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County _____

(c) City or town Lemay, (23)
(If outside city or town limits, write "RURAL")

(d) Street No. Buckley Road
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1947 hour 10 minute 15

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration** _____

Coronary Thrombosis

Arterio Sclerosis

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? _____

23. Signature Patric E. Taylor
(Specify type of place) (a) Means of injury _____

(b) Address 1300 Clark

Date signed 1-25-47

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 J. Wm. Bailey
Licensed Embalmer No. 3653
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.