S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10613 2810

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Enroute 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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward E. Rudd
3. (b) If veteran, name war
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 Elsie Rudd
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May (Month) 15 (Day) 1892 (Year)

8. AGE: Years 55 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Salem (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Garage Attendant
11. Industry or business
FATHER
12. Name Richard Rudd
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Murray
15. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Elsie Rudd
(b) Address Salem Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 22 1948 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21st year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 6, 1948, to March 17, 1948, that I last saw him alive on March 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	8 mos.
Due to: Hypertensive cardiovascular renal disease	several years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Henry I. Cooper (M. D. or other) MD
Address 818 Olive St. Date signed 21 Mar 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 B W Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.