

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14601**
Registrar's No. **4136**

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 _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MO. BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **4005 A LAFAYETTE AV.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **OSCAR J. RUDOLPH**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **30**
year **1948** hour **1** minute **20 P.M.**
21. I hereby certify that I attended the deceased from **1942**
_____, 19____, to **4/30**, 19**48**
that I last saw **him** alive on **4/30**, 19**48**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **ANN RUDOLPH** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **NOVEMBER 28 1879**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion** Duration **2 days**
Due to **Coronary artery Disease**

8. AGE: Years **68** Months **5** Days **2** If less than one day _____ hr. _____ min.

Due to **Hypertensive Heart Disease**
Other conditions **none**
(Include pregnancy within 3 months of death)

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

PHYSICIAN
Major findings: Of operations **none**
Of autopsy **none**
Underline the cause to which death should be charged statistically.

10. Usual occupation **NIL**
11. Industry or business _____
12. Name **OSCAR J. RUDOLPH SR.**
13. Birthplace _____
14. Maiden name **KATE KERN**
15. Birthplace **MO.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **none**
(b) Date of occurrence **none**
(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? _____

16. (a) Informant **Mrs Ann Rudolph**
(b) Address **4005 A Lafayette Av**
17. (a) **BURIAL** (b) Date thereof **MAY 3-48**
(c) Place: burial or cremation **Cadbury Cemetery**
18. (a) Signature of funeral director **E. J. Schum**
(b) Address **3125 Lafayette Av**
19. (a) **MAY 2 1948** (b) **J. F. Braden**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature **Preston C. Hall** (M. D. or other)
Address **3402 Lafayette** Date signed **5/1/48**

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. B. Valencia*

Licensed Embalmer No. 41014

P. O. Address 3125 Palmyra

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.