No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14602
3508

FILED APR 23 1948
Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH: 318

(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: De Paul 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 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4826 Greer Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rose M. 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 married

6. (b) Name of husband or wife Edward W. Rudolph

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 12 (Day) 1903 (Year)

8. AGE: Years 44 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John G. Herman
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Sieckmann
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Edward W. Rudolph
(b) Address 4826 Greer Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) APR 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 10
year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-21, 1948 to 4-10, 1948
that I last saw her alive on 4-10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
1) Ulcerative Colitis — non specific
Due to 2) Degenerative myocarditis topic —
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration
8 yrs
6 mos.

93d

Major findings:
Of operations none
Of autopsy Same as cause of death —

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 M. D. Johnson (M. D. or other) M.D.
Address Ferguson, Mo Date signed 4/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

(8:30 to 9:30) (1 to 2)

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 R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.