

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28545**

FILED SEP 11 1948

Registration District No. **219**

Primary Registration District No. **6077**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town RURAL BEAUVIOS T.S.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 7  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE  
(c) City or town RURAL - St. Marys  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PETER B. RUDLOFF

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 MATTIE PATTERSON  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased AUG 21 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 13 hr. min.

9. Birthplace RIVER AUX VASES MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name HENRY RUDLOFF  
13. Birthplace RIVER AUX VASES MO  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY ALLGIRE  
15. Birthplace RIVER AUX VASES MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mattie Rudloff  
(b) Address St. Marys, Mo Ste Rt #1

17. (a) BURIAL (b) Date thereof 9-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MINNITH MO

18. (a) Signature of funeral director Alvin Beck

(b) Address St. Genevieve MO

19. (a) 9-7-48 (b) Gerard M. Kurl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 4  
year 1948 hour 7:10 minute AM

21. I hereby certify that I attended the deceased from Aug. 29  
1948 to Sept 4 1948  
that I last saw him alive on Sept 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Tubercular Disease Duration ?

Due to \_\_\_\_\_  
Due to Bronchial pneumonia 9/2/48

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy AD  
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 U

23. Signature Alvin Beck (M. D. or other) 9/4/48  
Address St. Genevieve MO Date signed 9/4/48

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

RECEIVED

Public Health Officer No. 4  
File Number 948-1156  
Date filed 9-10-48

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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 Geo. C. Baker

Licensed Embalmer No. 1985

P. O. Address St. Lawrence 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.**