

S. No. 300  
V. 10-48

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7066

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070** Registrar's No. **549**

4007  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Williamson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves, Mo.</b>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>Cartersville, Ill.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Glenwood Sanatorium</b>		d. STREET ADDRESS (If rural, give location) <b>411 Virginia Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Fred William Rudloff</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 3, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Apr. 3, 1932</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>-</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Tamaroa, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Fred J. Rudloff</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wheatley</b>	14. NAME OF HUSBAND OR WIFE <b>not married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>not known</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>F.M. Grogan, M.D.</b>	ADDRESS <b>4166 Flora</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inanition,</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Schizophrenia, catatonic type</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Webster Groves, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 14, 1950**, to **Mar. 3, 1950**, that I last saw the deceased alive on **Mar. 3, 1950**, and that death occurred at **9:36<sup>a</sup>m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. M. Grogan</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1300 Grant Rd. Webster Groves, Mo.</b>	23c. DATE SIGNED <b>3/3/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-3-50</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Cartersville, Ill.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 3 1950</b>	REGISTRAR'S SIGNATURE <b>Herbert H. Hoppe</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd</b>
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.