

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25198

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6360**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 31 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Veronica c. (Last) Rudd		4. DATE OF DEATH (Month) (Day) (Year) July 16, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1893
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri U
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John F. Carrigan	
13b. MOTHER'S MAIDEN NAME Helena Ziegler		14. NAME OF HUSBAND OR WIFE John J. Rudd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-01-5054	
17. INFORMANT'S SIGNATURE OR NAME John J. Rudd		ADDRESS 3301 St. Vincent St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A Benign Carcinoma Breast. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Mumps in Bone, Skin + Nephritis DUE TO (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"/>		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)	
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? 170X			
22. I hereby certify that I attended the deceased from June 22, 1951 to July 16, 1951 that I last saw the deceased alive on July 13, 1951 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Albert M. Repetto M.D.		23b. ADDRESS Incarnate Word Hosp.	
23c. DATE SIGNED 7-16-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-19-51	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Farster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME, INC. 73 W. LOCKWOOD, AVE. W. St. Louis	

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

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 Elton Ross Remelius

Licensed Embalmer No. 4283

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.