

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3228**  
Registrar's No. **0315**

FILED FEB 2 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Wright City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>New Faith Hospital.</b>		e. STREET ADDRESS (If rural, give location) <b>1099</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leslie</b> b. (Middle) <b>E.</b> c. (Last) <b>Rudd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 54.</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 10, 1881</b>	9. AGE (In years last birthday) <b>73.</b>	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) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clerk</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>James Rudd</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Flora Rudd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James Rudd Wright City, Missouri.</b> ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia (Right)</b>		DUE TO (b) <b>Intestinal Obstruction</b>			<b>24 hrs</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Partial obstruction of duodenum</b>			<b>4 wks</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Carcinoma Pancreas</b>			<b>DK</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? <b>157X</b>
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"/>			

22. I hereby certify that I attended the deceased from **Dec 28, 1954**, to **Jan 12, 1954**, that I last saw the deceased alive on **11/11, 1954**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <b>John A. Rogert MD</b>		23b. ADDRESS <b>6693 Delmar</b>		23c. DATE SIGNED <b>1/11/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-12-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wright City, Missouri.</b>		
DATE REC'D BY LOCAL REG. <b>JAN 12 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>		

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.....  
Signature of Student Embalmer

Signed *John S. Penner*.....  
Licensed Embalmer No.....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.