

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10506**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2484**

|   |  |   |                                  |
|---|--|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY  |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>ST. LOUIS, MISSOURI</b>  |  | c. LENGTH OF STAY (in this place)<br><b>5 Days</b>  | c. CITY OR TOWN <b>St. Louis</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ST. LOUIS CITY HOSPITAL</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>RUDOLPH</b>   |  | b. (Middle)   | c. (Last) <b>WALTERS</b>         |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>MARCH 16, 1954</b>   |  | 5. SEX <b>male</b>  |                                  |
| 6. COLOR OR RACE <b>white</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>single</b>   |                                  |
| 8. DATE OF BIRTH<br><b>Oct. 29, 1881</b>  |  | 9. AGE (In years last birthday) <b>72</b>   |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>core maker</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Amer. Car Fndy.</b>   |                                  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Germany</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                  |
| 13a. FATHER'S NAME<br><b>unknown</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Amelia Shank</b>  |                                  |
| 14. NAME OF HUSBAND OR WIFE<br><b>none</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                                  |
| 16. SOCIAL SECURITY NO.<br><b>489-07-4500</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Helen Moore, 3242 Missouri</b>  |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Generalized arteriosclerosis</b><br>DUE TO (c) <b>hypertension</b><br>2. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) (m.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  |
| 21f. HOW DID INJURY OCCUR?<br><b>332X</b>   |  | 22. I hereby certify that I attended the deceased from <b>3-11-54</b> , 19___, to <b>3-16-54</b> , 19___, that I last saw the deceased alive on <b>3-16-54</b> , 19___, and that death occurred at <b>12:25A</b> , from the causes and on the date stated above.  |                                  |
| 23a. SIGNATURE<br><i>J. E. Smith</i>  |  | 23b. ADDRESS<br><b>1515 Lafayette Avenue</b>  |                                  |
| 23c. DATE SIGNED<br><b>3-16-54</b>  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>cremation</b>   |                                  |
| 24b. DATE<br><b>3/18/54</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Missouri Crematory</b>   |                                  |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Fendler Und. Co., 7420 Michigan Ave.</b>   |                                  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 18 1954</b>  |  | REGISTRAR'S SIGNATURE<br><i>J. Earl Smith Md</i>  |                                  |

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 *W. G. Peterson*.....

Licensed Embalmer No. *376*.....

P. O. Address *7420 Mich*.....

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.