

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11433**

BIRTH NO. FILED MAY 3 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 4 1/2 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 N. Frederick St.		e. CITY OR TOWN Cape Girardeau	
3. NAME OF DECEASED (Type or Print) Edwin		f. STREET ADDRESS (If rural, give location) 801 N. Sprigg St.	
a. (First) George		b. (Middle) Rudert	
c. (Last) Rudert		4. DATE OF DEATH (Month) (Day) (Year) April 25, 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 18, 1888	
9. AGE (In years last birthday) 65		10. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	
11. BIRTHPLACE (City and State or Foreign Country) Tilsit, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John C. Rudert		13b. MOTHER'S MAIDEN NAME Emma Kaufman	
13c. NAME OF HUSBAND OR WIFE Amanda Rudert		14. NAME OF HUSBAND OR WIFE Amanda Rudert	
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Amanda Rudert		ADDRESS Cape Girardeau, Mo.	
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) Angina Pectoris INTERVAL BETWEEN ONSET AND DEATH 4 mts.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c) Coronary Occlusion			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer Cholecystitis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 29, 1953 , to Apr. 17, 1954 , that I last saw the deceased alive on Apr. 17, 1954 , and that death occurred at 7:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. M. Stevenson D.O.		23b. ADDRESS 202-06 Hirsch Bldg. Cape Girardeau Mo.	
23c. DATE SIGNED 4/26/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/27/54	
24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG 4-27-54		REGISTRAR'S SIGNATURE C. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE C. J. Sobry		ADDRESS Cape Girardeau, Mo.	

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

MAY 13

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 *C. J. Lohberg*
Licensed Embalmer No. *381*
P. O. Address *Cape Girardeau*

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.