Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027747
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1974

1. PLACE OF DEATH
a. COUNTY St.Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Clayton, Mo.~~ RICHMOND HEIGHTS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Marys Hosp. — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4002 Botanical — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GEORGE Middle H. Last RUDOLPH
4. DATE OF DEATH Month July Day 27, Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH June 8,1887
9. AGE (In years last birthday) 71 — 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) Supt.-Retd
10b. KIND OF BUSINESS OR INDUSTRY Coffee Mfg Co.
11. BIRTHPLACE (City and state or country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Oscar Rudolph
13b. MOTHER'S MAIDEN NAME Kate Curran
14. NAME OF HUSBAND OR WIFE Late Josephine Rudolph

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. WNK.
17. INFORMANT Alan Rudolph-5019 Address Danbury,Shrewsbury

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/16/57, to 9/27/58 and last saw her/him alive on 9/26/58
Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clement B. Grebel MD
22b. ADDRESS 16 Hampton Village (9)
22c. DATE SIGNED 7/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7/30/58
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) St.Louis, (State) Mo.

24. FUNERAL DIRECTOR Kriegshauser-4228 ADDRESS S.Kingshighway
25. DATE RECD. BY LOCAL REG. 7-28-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Richard W. Stoessand

Licensed Embalmer No. 4007

P. O. Address .....

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.