

FURI - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 21 1959

59-034268

STATE FILE NUMBER

2 8356

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE			b. COUNTY			c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN			Length of stay in 1b			c. CITY OR TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.															St. Louis, Mo.					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp.# 1						Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) 1241 S. 7th.						Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR RUDDER									4. DATE OF DEATH Month Day Year Aug. 16 1959											
5. SEX Male			6. COLOR OR RACE white			7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 2/19/78			9. AGE (last birthday) 81			IF UNDER 1 YEAR Months Days Hours Min.			IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)						10b. KIND OF BUSINESS OR INDUSTRY 1.			11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY USA								
13a. FATHER'S NAME Gus Rudder						13b. MOTHER'S MAIDEN NAME Mandy Agle						14. NAME OF HUSBAND OR WIFE Ella								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						16. SOCIAL SECURITY NO. _____			17. INFORMANT Ella Rudder						Address 1241 S. 7th. St. Louis, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia DUE TO (b) Carcinoma of rectum DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 157x															INTERVAL BETWEEN ONSET AND DEATH 2 hours one year					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)															PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE								
						8/4/59			to 8/16/59			and last saw him alive on 8/16/59								
21. I attended the deceased from 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.																				
22a. SIGNATURE (Degree or title) Samuel W. Hensley, M.D.									22b. ADDRESS 1515 Lafayette Ave.						22c. DATE SIGNED 8/24/59					
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE 9-30-59			23c. NAME OF CEMETERY OR CREMATORY Anatomical Board						23d. LOCATION (City, town, or county) (State) St. Louis, Mo.								
24. FUNERAL DIRECTOR Rowland Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.									25. DATE RECD. BY LOCAL REG. SEP 10 '59			26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>mdb</i>								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

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.