

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026578

STATE FILE NUMBER

Registered on JUL 1 1967 Primary Registration District No. 541 Registrar's No. 1849

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
1 <u>4002</u>							
2 <u>4006</u>							
3							
4 <u>1</u>							
5 <u>3</u>							
6							
7 <u>1</u>							
8 <u>1</u>							
<u>9434.1</u>							
10							
11							
12 <u>86-3</u>							
13							

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN University City	
Length of stay in 1b DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		d. STREET ADDRESS (If outside, give location) 530 Donne Ct.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MOLLIE RUDMAN BIALOCK			4. DATE OF DEATH Month Day Year JUNE 9th 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/12/04
9. AGE (last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
11. BIRTHPLACE (City and state or country) New York N.Y.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Nathan Rudman		13b. MOTHER'S MAIDEN NAME Pearl Kanter	
14. NAME OF HUSBAND OR WIFE Morris Bialock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk.	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. M.H. Millner # 11 Arbor Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 s.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
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at During A.M. Hours m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond H. Harts</i> Coroner		22b. ADDRESS Clayton, Missouri	22c. DATE SIGNED 6/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/10/63	23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR HERMAN RINDSKOPF INC. 5216 DELMAR	25. DATE RECD. BY LOCAL REG. 6-10-63	26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>	

4004
4004

1
2
1
1

2-2-3

St. Louis

Clayton

Enterprise St. Louis Co. Hosp.

Missouri St. Louis

University City

230 Tenth St.

ROLLE

RUDMAN

BLACK

Female

White

X

2/13/04

28

At Home

New York N.Y.

U.S.A.

Nathan Rudman

Paul Kauter

North Station

Mr.

Mr.

Mrs. M.H. Miller 411 Spruce Rd.

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 Ketter

Licensed Embalmer No. 3880

P. O. Address, St. Louis Mo

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.

HEARNER HILDRUP INC. 2516 DELMAR
BETH HAMBROOK HAYGOLF ST. LOUIS COUNTY MISSOURI