

MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

4752
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **1445**
 (c) City **2-13-39 ST. LOUIS** (d) Street No. **BARNES HOSPITAL** St. **BARNES HOSPITAL**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **3430 Bell** St. **21**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **KATHRYN DIMICK RUHR**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT 18 - 1872**

7. AGE YEARS **66** MONTHS **3** DAYS **25** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **RETIRED**
 9. Industry or business in which work was done, as saw mill, bank, etc. **STOCK BROKER**
 10. Date deceased last worked at this occupation (month and year) **BOY** Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILLINOIS**

FATHER 13. NAME **LOUIS RUHR**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILLINOIS**

MOTHER 15. MAIDEN NAME **MARY SPINDLER**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT (ADDRESS) **MRS KATHRYN RUHR 3430 BELL AVE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **PEKIN ILLINOIS** DATE **FEB-16 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **C. R. LUP TON SONS 7233 DELMAR BLVD-**

20. FILED **FEB 14 1939** **J. D. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-13-39**, 19.....

22. I HEREBY CERTIFY, That I attended deceased from **2-6-39**, 19....., to **2-13-39**, 19.....

I last saw him alive on **2-13-39**, 19..... Death is said

to have occurred on the date stated above, at **4:55** p.m.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROTIC HEART DIS. 3 yrs
BENIGN PROSTATIC HYPERTROPHY 3 yrs
CORONARY ARTERY THROMBOSIS 3 days

Other contributory causes of importance:
PULMONARY EDEMA - 3 days

Name of operation **SUPRA PUBIC PROSTATECTOMY - 2-8-39**

What test confirmed diagnosis? **EKG** Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **1**

If so, specify (Signed) **H. H. ...** M. D.

(Address) **3000 ... HOSPITAL**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Clarence H. Murray

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Clarence H. Murray

Licensed Embalmer No.

4011

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 this body is not embalmed, above space should be left blank.