

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.

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 REGISTRATION DISTRICT No. **791**

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH  
 Primary Registration District No. **1003**

State File No. **4865**  
 Registrar's No. **1695**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis.**  
 (b) City or town **St. Louis, Mo.**  
 (c) Name of hospital or institution: **City Infirmery.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **June 22, 1939.**  
**25yrs.** (Specify whether years, months or days)  
 In this community

**3. (a) PRINT FULL NAME** **Otto Ruh.**  
**3. (b) If veteran,** name war **none**  
**3. (c) Social Security No.** **none**

**4. Sex** **Male**  
**5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Single**  
**6. (b) Name of husband or wife**  
**6. (c) Age of husband or wife if alive** **1877**

**7. Birth date of deceased** **October 24 1877**  
 (Month) (Day) (Year)  
**8. AGE:** Years **62** Months **03** Days **25**  
 If less than one day hr. min.

**9. Birthplace** **Germany.** Foreign  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Shoemaker**

**11. Industry or business** **X**  
**MOTHER FATHER**  
**12. Name** **Frank Ruh**  
**13. Birthplace** **Germany** Foreign  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Agatha Brookes**  
**15. Birthplace** **Germany** Foreign  
 (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** *C. Molins*  
**(b) Address** **5800 Arsenal St.**

**17. (a) Burial** (b) Date thereof **2-70-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Calvary Cem.**

**18. (a) Signature of funeral director** *Arthur Stulo*  
**(b) Address** **2707 N. Grand Blvd.**

**19. (a) FEB 19 1940** (b) *J. F. ...*  
 (Date received local registrar)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **St. Louis.**  
 (c) City or town **St. Louis.**  
 (If outside city or town limits, write "RURAL")  
**5800 Arsenal St.**  
 (d) Street No. (If rural, give location)  
**Foreign.** (e) If foreign born, how long in U. S. A.? years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **FEBRUARY** day **19**, a.m. **8:00** minute **1940** year.

**21. I hereby certify that I attended the deceased from** **June 22, 1939** to **February 19, 1940**;  
 that I last saw him alive on **February 19, 1940**;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
**Duration**  
*Disruptive Heart Disease*  
**Due to** *arteriosclerosis*

**Due to**  
**Other conditions** (include pregnancy within 3 months of death)  
**Major findings:**  
 Of operations *none*  
 Of autopsy *none*  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)**  
**(b) Date of occurrence**  
**(c) Where did injury occur?** (City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?**

**28. Signature** *Geo. S. ...* (M. D. or other)  
**Address** **Date signed**  
 While at work? (Specify, type of place) (e) Means of injury

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Paul H. Kwellenberg*

Licensed Embalmer No. *2681*

P. O. Address.....

*2707 No. 1st*

**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.**