

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

4475

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution: 3626 Lafayette Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Hannah Ruesing, 257

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John J. Ruesing. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 17th, 1860.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	2	hr. _____ min.

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business

12. Name David Sullivan

18. Birthplace Unknown Ireland.
(City, town, or county) (State or foreign country)

14. Maiden name Mary McAulliff.
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Ireland.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. V. Steward -

(b) Address 3626 Lafayette Ave.

17. (a) Burial (b) Date thereof May 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 2625 Cherokee Street.

19. (a) MAY 20 1940 (Date received local registrar)
J. P. Beady (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3626 Lafayette Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th.
year 1940. hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov 10, 1925, to May 19th, 1940 that I last saw her alive on May 19th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus with coma
Due to _____
Due to _____
Other condition Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

28. Signature J. P. Beady (M. D. or other)
Address M. D. Beady Date signed May 20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1881

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.....

W E Morris

Licensed Embalmer No.....

3360

P. O. Address.....

2623 Cherokee

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.