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39  
21492

SEP 5 1940  
Registration District No. 152784

Primary Registration District No. 106

Registrar's No. 1527

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
127 New York St. 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

8. (a) PRINT FULL NAME Anna C. Ruder 360

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. none

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

6. (b) Name of husband or wife Fred Ruder 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct. 12 1877  
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James McCarter 9

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

14. Maiden name Unknown

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

16. (a) Informant Fred Ruder

(b) Address 127 New York St Kirkwood, Mo

17. (a) Burial (b) Date thereof 8/12/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cem.

18. (a) Signature of funeral director Louis Roper

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) AUG 11 1940 (b) [Signature]  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 127 New York St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9  
year 1940 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to August 9, 1940;  
that I last saw her alive on August 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 40

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 1

Address Kirkwood Mo Date signed 8-9-40

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

MOTHER FATHER

**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 \_\_\_\_\_

*Louis H Bopp*, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Louis H Bopp* 921  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address *Kirkwood*

**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.