

Registration District No. **475**

Primary Registration District No. **5580**

Registrar's No. **14-51**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town High Ridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rock Creek Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Edward Ruegg

3. (b) If veteran, name war --- 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Victoria Ruegg 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 10, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Paper hanger

11. Industry or business Own Business

12. Name Casper Ruegg

13. Birthplace Unknown Switzerland
(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's own signature Victoria Ruegg

(b) Address High Ridge Missouri

17. (a) Burial (b) Date thereof 11/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldelle

(b) Address 2331 S. Broadway

19. (a) 14 Nov 1940 (b) James A. Downsmu
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town High Ridge
(If outside city or town limits, write "RURAL")
(d) Street No. Rock Creek Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1940 hour 6 minute 1 M.

21. I hereby certify that I attended the deceased from Nov. 4, 1940 to Nov. 10, 1940
that I last saw him alive on Nov. 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Chronic Myocarditis

Due to _____

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

Major findings: Of operations 1/1
Of autopsy _____

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? 109
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Frank F. Huck (M. D. or other) MD
Address Lenton, Mo Date signed 11/14/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

COPYING 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.

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 Robert Wheeler

Licensed Embalmer No. 21281

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.