No. 2
-4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40146

JAN 15 1941 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9917

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexion Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2624 Ohio Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BERNARD RUETHER

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

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 6 (Day) 1869 (Year)

8. AGE: Years 71 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Retired 2 yrs.

FATHER
12. Name Henry Ruether
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Margaret Ruether
(b) Address 3013 Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gebken Lic. & Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) DEC 3 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1940 hour 6 minute 09 A.M.

21. I hereby certify that I attended the deceased from Nov. 30, 1940, to Dec. 2, 1940;
that I last saw him alive on Dec. 2, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (mixed lobar and Bronchial)	3 days
~~Due to~~ and acute myocarditis	1 week
Due to Chronic myocarditis and coronary art. sclerosis	3 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lobar & bronchopneumonia acute myocarditis - coronary sclerosis

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

23. Signature Eugene H. Edele (M. D. or other) M. D.
Address 3019 So. Jefferson Date signed 12/2/40

(Licensed Embalmer's Statement on Reverse Side)

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 F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.