

791

1003

Registration District No.

Primary Registration District No.

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:
1934a East Warne Ave **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether)
In this community **Birth**
years, months or days)

3. (a) PRINT FULL NAME **Ignatius F. Ruhmann**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emily** 6. (c) Age of husband or wife if **M. Ruhmann nee Held** alive **46** years
7. Birth date of deceased **September 27, 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 **2** **28** hr. min.

9. Birthplace **St. Louis, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Iron worker** **6**

11. Industry or business **Atlas Co.**

MOTHER FATHER { 12. Name **Henry Ruhmann** **0**

13. Birthplace **Germany**

14. Maiden name **Catherine Albers**

15. Birthplace **St. Louis, Missouri**

16. (a) Informant **Emily M. Ruhmann**

(b) Address **1934a East Warne Ave**

17. (a) **Burial** (b) Date thereof **12/28/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **DEC 27 1940** (b) **J. H. Brederek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **9**
(If outside city or town limits, write "RURAL")
(d) Street No. **1934a East Warne Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25th**
year **1940** hour **8:20 PM** minute..... M.

21. I hereby certify that I attended the deceased from **Dec 6**
1940 to **Dec 25**, 19**40**
that I last saw him alive on **Dec 25**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
acute myocardial infarction
Due to **following the surgery**
Due to **MI**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration **24 hr.**
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 **H. E. Markie** (M. D. or other) **2nd**
Address **511 Flamingo** Date signed **12-26-40**

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

01501

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.....
Edward J. Hampton

Licensed Embalmer No. *2967*

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, fact should be so stated above.