

Registration District No. 7840

Primary Registration District No. 104

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 28 Oliver /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 28 Oliver (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THEODORE WM. RUENPOHL

3. (b) If veteran. name war. no 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 Minnie 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 4, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 0 _____ hr. _____ min.

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

10. Usual occupation retired
11. Industry or business proprietor delicatessen

12. Name Henry Ruenpohl
13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bloebaum
15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Jones
(b) Address 28 Oliver Ave Ferguson Mo

17. (a) burial (b) Date thereof 5/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd

19. (a) MAY - 6 1941 (b) D. K. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 10, 1940 to May 4, 1941
that I last saw him alive on May 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart
Due to arteriosclerotic heart disease
Other conditions pleural effusion, 6 mo.
(Include pregnancy within months of death)

Duration 1 wk.
2 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: Of operations g. s. p.
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? _____

23. Signature R. T. Holden (Specify type of place) _____ (e) _____ (Date of injury)
Address 3750 Washington Date signed 4/5/41

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

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Dr. Raymond K. Kellen
31 Beaumont City, 2 P.M.

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 James E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.