

791

1003

Registrar's No. **5284**

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:
5245 Minerva Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Years.
years, months or days

3. (a) PRINT FULL NAME Ollie Rugger.

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

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

6. (b) Name of husband or wife Late Walter C. Rugger. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 13 1894.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 11 hr. _____ min.

9. Birthplace Bonne Terre, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business _____

12. Name Grant Richardson.

13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

14. Maiden name Alice Barron.
(City, town, or county) (State or foreign country)

15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frankie May Heneger.

(b) Address 6015 Clemens Ave.

17. (a) Burial. (b) Date thereof 6-27-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 27 1941 (b) J. V. Predict
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis. 176
(If outside city or town limits, write "RURAL")
(d) Street No. 5245 Minerva Ave.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
year 1941 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Heart Exhaustion

Due to (No) chronic ailment

Due to Heart Exhaustion

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 4

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) _____ (e) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other) _____

Address Deputy Coroner Date signed 6/27/41

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

6
7
9
6

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.