

STANDARD CERTIFICATE OF DEATH

State File No. 30478
Registrar's No. 7817

Registration District No. 791

Primary Registration District No. 1003

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:
St. John's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week.
In this community 15 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Mo
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 26.17
(d) Street No. 2107 Branch St. (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1941. hour 6 minute 40A M.
21. I hereby certify that I attended the deceased from Aug 2
1941. 1941. to Sept 29. 1941.
that I last saw him alive on Sept 25, 41. 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculous
Pneumonia
Due to _____
Due to T.B.C
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Julius F. Rulens.
3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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

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

7. Birth date of deceased September 2 1918.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 0 27 hr. min.

9. Birthplace Belleville, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operator.

11. Industry or business Self.

12. Name Ely Rulens.

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

14. Maiden name Jane Vangenh.

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

16. (a) Informant Ely Rulens.

(b) Address 2107 Branch St.

17. (a) Burial. (b) Date thereof 10-1-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

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

(b) Address 2223 St. Louis Ave.

19. SEP 30 1941 (a) (Date received local registrar) (b) J. J. Bredack (Registrar's signature)

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)
(a) Means of injury _____
23. Signature C.H. Jalovic (M. D. or other) D
Address Number 1 - Bldg Date signed 9/29/40

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

000
17
9

P

Dr. Wilson
Humboldt Bldg.
1-5 P.M. J
20251

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.....

John P. Buchholz
1674

Licensed Embalmer No.....

P. O. Address.....

2223 S. Loain

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.