

FILED FEB 11 1942

State File No.

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 243

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
121 W. Woodbine 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town South Affton
(If outside city or town limits, write "RURAL")
(d) Street No. Tesson Ferry & Mattesse Rds
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anton John Ruehl

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

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernestine Ruehl 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased December 26 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace South Affton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Ruehl
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lucille Lorenz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Ratt
(b) Address 121 W. Woodbine Kirkwood, Mo

17. (a) Burial (b) Date thereof 2/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Cem.

18. (a) Signature of funeral director Louis Hopp Inc.
(b) Address Kirkwood, Mo

19. (a) JAN 30 1942 (b) J. Mc Gowan
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1942 hour 9:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov-28
1941 to Jan-29 1942
that I last saw him alive on Jan 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia -
Chronic Nephritis.
Small by
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

1 1/2 yrs

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 Arthur W. Wetzel (M. D. or other) _____
Address Wilata Grove, Mo. Date signed 1-30-42

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

643

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 M. Meyer*.....

Licensed Embalmer No. *3285*.....

P. O. Address *Kirkwood, 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.