

Registration District No. **784**

Primary Registration District No. **11**

Registrar's No. **512**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **6336 Clayton 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)  
In this community **16 years**

3. (a) PRINT FULL NAME **RALPH PHILIP RUESS**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **490-01-3116**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Elizabeth Ruess** 6. (c) Age of husband or wife if alive **28** years  
7. Birth date of deceased **Sept. 27 1909**  
(Month) (Day) (Year)

8. AGE: Years **32** Months **5** Days **5** If less than one day hr. min.

9. Birthplace **Kimmswick Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Hookman (Crane Worker)**

11. Industry or business **Fulton Iron Works**

12. Name **Philip Ruess**

13. Birthplace **Kimmswick Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Kessler**

15. Birthplace **Kimmswick Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Ruess**

(b) Address **4058 a McRee**

17. (a) **Buried** (b) Date thereof **3-6-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. JOSEPHS CEM. KIMMSWICK MO**

18. (a) Signature of funeral director **Heiligtag Funeral Home**

(b) Address **Kimmswick Mo**

19. (a) **MAR - 5 1942** (b) **W. McEwen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4058A McRee Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**  
year **1942** hour **8:30** minute **P** 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 **Inquest pending.** Duration

Due to \_\_\_\_\_

Due to **200 a**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **Yes**

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 \_\_\_\_\_

Signature **Louis H. Bopp, M.D.**

Address **Kirkwood, Mo.** Date signed **3/5/42**

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

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**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

*Guy W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

**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.**