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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22152

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 347

92
9
3

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

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 South Third Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 92

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 3
(If outside city or town limits, write "RURAL")
(d) Street No. 315 South Third St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Ruf

3. (b) If veteran, name war No
3. (c) Social Security No. 486-1229-59

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 November (Month) 12 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	7	12	..... hr. ..... min.

9. Birthplace St. Charles (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Painter
11. Industry or business .....

FATHER
12. Name Wendelyn Ruf
13. Birthplace Baden (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Theresia Negger
15. Birthplace Baden (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Sophia Ruf
(b) Address 315 South Third, St. Charles, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem. St. Charles Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 801 N. Second, St. Charles, Mo
19. (a) June 25, 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Coroners Viewing of Body 19 to ..... ;
that I last saw h..... alive on ..... 19 ..... ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration
Due to sudden death
Due to Gen Arteriosclerosis.

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No.

94a

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)
While at work? ..... (e) Means of injury .....

23. Signature A. P. Erich Schulz M.D. (M.D. or other)
Address St. Charles Mo. Date signed 7/1/42

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(Licensed Embalmer's Statement on Reverse Side)

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 E. Dallmeyer

Licensed Embalmer No. 295

P. O. Address St Charles 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.