

Registration District No. 784

Primary Registration District No. 240

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Bonhomme
(c) Name of hospital or institution: / None
(d) Length of stay: In hospital or institution. None
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural
(d) Street No. Sycamore Drive
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Henrietta Ruhl

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife. Henry Ruhl
7. Birth date of deceased February 6, 1862

8. AGE: Years 80 Months 7 Days 20

9. Birthplace Affton, Missouri

10. Usual occupation Housewife

11. Industry or business Own home

12. Name John Reichardt

13. Birthplace Germany

14. Maiden name Henrietta Balman

15. Birthplace Germany

16. (a) Informant Augusta Kerber
(b) Address Kirkwood, Mo.

17. (a) Burial (b) Date thereof 9/28/42
(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director Schrager Funeral Home
(b) SEP 28 1942
19. (a) (Date received local registrar) (b) E. G. Mc Larron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26, year 1942 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from September 21, 1942 to September 26, 1942, that I last saw her alive on September 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Duration: 9-21-42

Due to: arteriosclerosis

Due to: senile changes

Other conditions: none

Major findings: Of operations: -
Of autopsy: -

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? -
(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

23. Signature: B. P. Young (M. D. or other) no
Address: Baldwin, Mo. Date signed: 9-26-42

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 *Geo. Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Dallwin, 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.