

FILED APR 15 1943
Registration District No. 784

Primary Registration District No. 106

State File No. _____

Registrar's No. 687

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
219 Altus Pl
(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 Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 219 Altus Pl
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Ruehl
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1943 hour 3 PM minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Christ Ruehl
(c) Age of husband or wife if alive 75 years
7. Birth date of deceased September 1 1869
(Month) (Day) (Year)
8. AGE: Years 73 Months 6 Days 19
If less than one day _____ hr. _____ min.

21. I hereby certify that I attended the deceased from Dec-3-1941 to March-20-1943.
that I last saw her alive on March-20-1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Pylorus
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)
Major findings: Carcinoma of Pylorus
Of operations —
Of autopsy 461

Duration 18 months
PHYSICIAN Dr. Fred Bailey
Underline the cause to which death should be charged statistically.

9. Birthplace Sappington Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name John Schulz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Jahn
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Christ Ruehl
(b) Address 219 Altus Pl Kirkwood, Mo.
17. (a) Burial (b) Date thereof 3/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cem.
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.
19. (a) MAR 24 1943 (b) Edison G. Larson, Jr.
(Date received local registrar) (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) (e) Means of injury _____
23. Signature Arthur W. Wintrop (M. D. or other)
Address White, S. Jones Date signed 3-22-43

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

FEB 7 1944

FEB 3 1944

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. *3288*
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.