

FILED JUN 25 1943 318
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life _____ (Specify whether
years, months or days)

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. 6440 Smiley
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Kenneth Rufenacht
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 15
year 43 hour 10 minute 10 A - M.
21. I hereby certify that I attended the deceased from 3-22-43
_____ 19____ to 6-15 1943;
that I last saw him alive on 6-15 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race W
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: 7 29 1942
(Month) (Day) (Year)

Immediate cause of death: Congenital B. lateral pneumonia
Due to Congenital cystic disease of lung
Due to H/C
Other conditions (Include pregnancy within 3 months of death) _____
Duration 1 hour

8. AGE: Years Months Days If less than one day
0 10 16 _____ hr. _____ min.
9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

Major findings: Confirmed clinical diagnosis
Of operations _____
Of autopsy: Confirmed clinical diagnosis
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name Edward L. Rufenacht
13. Birthplace Ohio Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Mosier
15. Birthplace Tenn Tenn
(City, town, or county) (State or foreign country)
16. (a) Informant Edward L. Rufenacht
(b) Address 6440 Smiley
17. (a) Burial (b) Date thereof 6/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette
JUN 17 1943 (c) J. F. Bruck
(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 James L. Smith (M. D. or other)
Address 634 N. Grand Date signed 6-16-43

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

L.R. Cooper

Licensed Embalmer No.

5633

P. O. Address

2317 Lafayette

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.