S. No. 2
M—2-43
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1943

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 39295

Registrar's No. 2578

1. PLACE OF DEATH

(a) County St Louis

(b) City or town Ballwin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Pine Crest Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mon. 19 days (Specify whether years, months or days) In this community 7 mon. 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay ~~Ballwin~~ ~~St. Louis~~ (If outside city or town limits, write "RURAL")

(d) Street No. 209 Vida (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Rudolph Ruegg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan. 3, 1871 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Home

(b) Address Ballwin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 22 43 (Month) (Day) (Year)

(c) Place: burial or cremation St Marcus (Mayo)

18. (a) Signature of funeral director Fendler Unit Co

(b) Address 744 Lemay Ferry

19. (a) NOV 23 1943 (Date received local registrar) (b) E. G. McGarran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th year 1943 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Cerebral Hemorrhage

Due to .....

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

Major findings:
Of operations .....
Of autopsy 93d

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 R. W. Jansen (M. D. or other)

Address Manchester Mo Date signed 11/20/43

(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 Henry E. Fendler

Licensed Embalmer No. [illegible]

P. O. Address [illegible] Mass.

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.