

5. No. 2  
M-2-43  
5-17-39  
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Wbr Colen 8380 ✓  
State File No. \_\_\_\_\_  
Registrar's No. 580

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 11 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Vigus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Snyder Mill Road  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Vigus  
(If outside city or town limits, write "RURAL")  
(d) Street No. Snyder Mill Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Ruhl

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Emilie 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan 14 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 1 19 hr. min.

9. Birthplace Vigus Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Ruhl

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schulte

15. Birthplace Vigus Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Emilie Ruhl

(b) Address Unknown Vigus, Mo.

17. (a) Burial (b) Date thereof 3-7-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Blumman Brothers

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) MAR 8 - 1944 (b) E. S. McCarver, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1944 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 12<sup>th</sup>, 1944, to March 4<sup>th</sup>, 1944;  
that I last saw him alive on March 3<sup>rd</sup>, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis Duration 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Acute Prostatitis 3 wks  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 97

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of plant)  
(e) Means of injury 0

Signature H. J. Colman, M.D. (M. D. or other) \_\_\_\_\_

Address Pattersonville Mo Date signed Mar 5, 1944

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

DEC 5 1946

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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..... *Oscar F. Mueller* .....

Licensed Embalmer No. *3039* .....

P. O. Address..... *Overland 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.**