

REC'D APR 13 1944

Registration District No. **318**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Missouri
 (b) City or town Spanish Lake
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 2 Weeks

3. (a) PRINT FULL NAME Ruthmann George J.

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 { 12. Name George Ruthmann
 { 13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Franske Dillmann Mo.
 { 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Ruthmann

(b) Address 738 Spanish Pond Rd

17. (a) burial (b) Date thereof 4/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cem.

18. (a) Signature of funeral director Mark Tison

(b) Address 600 W. Florissant Ave

19. (a) APR 2 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Spanish Lake
(If outside city or town limits, write "RURAL")
 (d) Street No. 738 Spanish Pond Rd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
 year 44 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-20-1944 to 4-1-1944
 that I last saw him alive on 4-1-1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 7 da
2 chr Nephritis 1935
 Due to 2 chr Nephritis
 Dye to Arteriosclerosis 1930
Fracture Rt hip 9-20-44
 Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: none
 Of operations none
 Of autopsy none
 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) et President
 (b) Date of occurrence March 7, 44
 (c) Where did injury occur? Home
(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 Fall

23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed 4/1/44

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

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address

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, above space should be left blank.