

FILED SEP 8 1944 818

Registration District No.

Primary Registration District No.

Registrar's No.

2402 ✓

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital several hours
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2504a N. 20th Str.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs. Annie Ruh.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Frank Ruh 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: April 6 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Barry

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

14. Maiden name Honora Moran
(City, town, or county) (State or foreign country)

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

16. (a) Informant Franka Ruh

(b) Address 2504a N. 20th Str

17. (a) Burial (b) Date thereof AUG. 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director Leidner Undertaking Co
(b) Address 2223 St. Louis Ave.

19. (a) AUG 26 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1944 hour 9 minute 40 P.M.

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

Immediate cause of death _____

Intestinal Obstruction
Due to Carcinoma of Rectum
with Metastasis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy H/O

22. If death was due to external causes, fill in the following:

(c) 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 Thomas P. Lillman (M. D. or other) _____

Address Deputy Coroner Date signed 8-26-44

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 P. Buckholz

Licensed Embalmer No. *1674*

P. O. Address *2223 S. Yocum St.*

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.