

FILED OCT 10 1944  
 Registration District No. **1943**

Primary Registration District No. **5942**

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

1. PLACE OF DEATH:  
 (a) County Phelps  
 (b) City or town Rolla, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community ABOUT 60 yr.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Phelps  
 (c) City or town Rolla  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rt. West of Rolla, Mo  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME August Fredrick Rueh  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Emma Walker Rueh 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased JULY 9 1879  
 (Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace UNKNOWN Germany  
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter (Retired)

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

MOTHER FATHER  
 12. Name John Rueh  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lohise Gatz  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Rueh  
 (b) Address Rolla, Mo

17. (a) Burial (b) Date thereof 9-26-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Calvin J. Smith  
 (b) Address Rolla, Mo

19. (a) 9/26/44 (b) Walter Koetscher  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 24  
 year 1944 hour 11 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from since 1935 to Sept 24, 1944  
 that I last saw him alive on Sept 22, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage  
 Duration Immediate

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

Other conditions Previous cerebral Hem. 1940  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations §301  
 Of autopsy \_\_\_\_\_  
 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 0  
 23. Signature E. E. Fencil M.D. (M. D. or other) \_\_\_\_\_  
 Address Rolla Mo Date signed 10-2-44

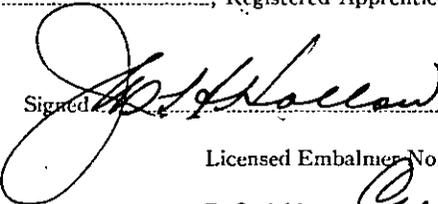
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**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.**