

V. S. No. 2  
100M-5-43  
Rev. 5-17-43  
I X 507

LED DEC 7 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10160

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
2436 S. 3rd St. /  
(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

3. (a) PRINT FULL NAME Mary Ellen Rulo

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 Widowed

6. (b) Name of husband or wife Louis Rulo 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 26, 1893  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>82</u> | <u>7</u> | <u>26</u> | _____ hr. _____ min. |

9. Birthplace Richwoods Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

MOTHER FATHER

12. Name John Emily \_\_\_\_\_

13. Birthplace Don't Know \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know \_\_\_\_\_

15. Birthplace Don't Know \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Maeller

(b) Address 2436 S. 3rd St.

17. (a) Burial (b) Date thereof Nov. 26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Sota Missouri

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) NOV 24 1945 (Date received by registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2436 S. 3rd St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No?)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1945 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 1945 to Nov 22 1945  
that I last saw her alive on Nov 20 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Chronic Interstitial Nephritis  
Duration 4 yrs 3 yrs.

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

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

Other conditions (include pregnancy within 3 months of death) 12/1

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

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? \_\_\_\_\_

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

23. Signature R. B. Karm (M. D. or other) MD  
Address 7000 E Broadway Date signed 11/23/45

**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 *Harry A. Newell*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette 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.**