

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAY 2 1946

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3812

1. PLACE OF DEATH:

(a) County.....

(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..... St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 19 days
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis 237
(If outside city or town limits, write "RURAL")

(d) Street No..... 155 Louisa
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No) 9
0

If yes, name country.....

3. (a) PRINT FULL NAME..... FRANCIS RULO

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... Male 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Bessie Rulo

6. (c) Age of husband or wife if alive..... 54 years

7. Birth date of deceased..... Feb 11, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>13</u>	hr. min.

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

10. Usual occupation..... Chaffeur

11. Industry or business.....

MOTHER, FATHER

12. Name..... Louis Rulo

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

14. Maiden name..... Ellie Emily

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

16. (a) Informant..... Bessie Rulo

(b) Address..... 155 Louisa

17. (a) Burial (b) Date thereof..... April 27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Lafayette Cem

18. (a) Signature of funeral director..... Thornton & Son

(b) Address..... 298 1/2 N. 3rd

19. (a) APR 26 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 24
year..... 1946 hour..... 5:15 minute..... P M.

21. I hereby certify that I attended the deceased from..... April 6
..... 19 46 to..... April 24..... 19 46
that I last saw him alive on..... April 24..... 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death..... Thrombocytopenic purpura

Due to.....

Due to.....

Other conditions..... Myeloma
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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..... Kenneth J. Carter M.D. (M. D. or other) 0

Address..... 1515 Lafayette Avenue Date signed..... 4/25/46

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

14002

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.....

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, fact should be so stated above.