

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18847

State File No. _____

FILED JUN 31 1948

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **4879**

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:
3509 Sullivan Ave.
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County G-a-t

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

(d) Street No. 3509 Sullivan Ave.
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Ruhmschussel

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1946 hour 12 minute _____ p.m.

21. I hereby certify that I attended the deceased from October 26, 1944 to May 29, 1946,
that I last saw her alive on May 28, 1946,
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John A. Ruhmschussel

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

7. Birth date of deceased Sept. 20, 1873
(Month) (Day) (Year)

Immediate cause of death General Carcinomatosis

Due to Carcinoma of Stomach

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Joseph Boegle

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

14. Maiden name Katherine Kraft

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

16. (a) Informant Mrs. Isabel Kolbe

(b) Address 2647 Roanoke Dayton, Ohio.

17. (a) Burial (b) Date thereof June 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Paschedag-Henke Fun. Home

(b) Address 2825 N. Grand Blvd.

19. (a) MAY 31 1948 J. F. Brodeur
(Date recorded local registrar) (Registrar's signature)

Major findings: Carcinoma of Stomach

Of operations _____

Of autopsy _____

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 James A. [unclear] (M. D. or other Med.)
Address 4952 [unclear] Date signed 5/31/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

(FRANZ ARZT)

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 W. W. Wilkinson
Licensed Embalmer No. 3575
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.