

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: **St. Anthony's Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Day**
 In this community **Years**
 (Specify whether years, months or days)

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. **3657 Utah Pl.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. MINNIE RUCH**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **26**
 year **46** hour **6** minute **10 A.M.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Anton** 6. (c) Age of husband or wife if alive _____ years
 7. Birth-date of deceased **July 2 1861**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6/24** 19**46**, to **6/26** 19**46**
 that I last saw him alive on **6/25** 19**46**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	84	11	24	hr. _____ min. _____

Immediate cause of death **Strangulated Bowel**
 Due to **Large Ventral Hernia**
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**
 11. Industry or business _____
 12. Name **August Biermann**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations **Gaugrean Bowel**
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically:

16. (a) Informant **Clara Ruch**
 (b) Address **3657 Utah Pl.**
 17. (a) **Cremation** (b) Date thereof **June 28 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Missouri Crematory**
C. HOFFMEISTER COLONIAL MORTUARY
 18. (a) Signature of funeral director _____
 (b) Address **6464 Chippewa St.**
 19. (a) **JUN 28 1948** **J. F. Bredend**
 (Date received local registrar) (Registrar's signature)

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) Means of injury _____
 23. Signature **A. L. Kottel** (M. D. or other)
 Address **3606 Biavon** Date signed **6/26/46**

Dr. A. L. Hertel
3606 Gravois Ave.
LA 7890

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 *Linus C. Hoffmann*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S Broadway*.....

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.