

**FILED AUG 5 1946**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **Saint Louis**  
(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2202 East College 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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **197**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2202 East College Ave.** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Raymond George Ruhling**  
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**  
4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **February 5, 1943**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **23rd**  
year **1946** hour **11** minute **15A** M.  
21. I hereby certify that I attended the deceased from **Jan 20th**  
**1946** to **July 23rd** 19**46**  
that I last saw him alive on **7/23** 19**46**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Cancer** Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**3** **5** **18** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Gen. Cancer** Site **Undetermined**

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

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

10. Usual occupation \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name **William Ruhling**  
13. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Althea Rupp**  
15. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **William Ruhling**  
(b) Address **2202 East College**

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 \_\_\_\_\_

17. (a) **Burial** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bethlehem Cemetery**

18. (a) Signature of funeral director **H. A. Stock**  
(b) Address **2117 East Grand Blvd.**

23. Signature **J. F. Bredeck** (M. D. or other)  
Address **4901 N. Woodway** Date signed **7/24/46**

19. (a) **JUL 24 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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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

*Frank Atkinson*

Licensed Embalmer No. 3041

P. O. Address. 2117 E. Grand

**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.**