

**FILED** SEP 30 1946  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 8151

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3331 Gravois Ave  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3331 Gravois Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20th,  
year 1946 hour 2.10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from  
3-20, 1936 to 9/20/46, 19\_\_\_\_;  
that I last saw her alive on 9/20/46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocarditis (Ch)  
Duration 37m  
Due to Gen. Arterial Sclerosis 10 yrs

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

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 Burton Bohannon (M. D. or other) MD  
Address 2602 South Grand Ave Date signed 9/21/46

3. (a) PRINT FULL NAME Louise Ruemmeli

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Albert Ruemmeli 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased 11/15/1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 10 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

12. Name Knobloch

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

14. Maiden name Babette Zinsstag

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

16. (a) Informant Marie Ruemmeli

(b) Address 3100 McKean Ave

17. (a) Cremation (b) Date thereof 9/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address 6633 Clayton Road

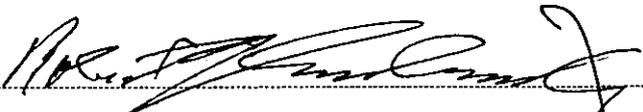
19. (a) SEP 22 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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

**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.**