

No. 2
2-45
7-39
X47070

FILED OCT 28 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8969

1. PLACE OF DEATH:

(a) County _____
(b) City or town CITY ST. LOUIS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY INFIRMARY HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-3-46-10-18-1946
(Specify whether years, months or days)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town CITY ST. LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 1500 s 12 th. ST. 267
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LULU RUEBSAMEN

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

4. Sex FEM ALE race WHITE 5. Color or 6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife JOHN RUEBSAMEN. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 19 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name GGEORGE GRAHAM

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

14. Maiden name LOUISE PFAFF. (City, town, or county) (State or foreign country)

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

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 ARSENAL ST.

17. (a) BURIAL (b) Date thereof Oct. 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS Cemetery

18. (a) Signature of funeral director E. J. Schmidt

(b) Address 3125 Lafayette Ave.
19. (a) OCT 20 1946 (Date received local registrar) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10- day 18
year 1946 hour 10 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from 7-2-46, 19, to 10-18-46, 19, that I last saw her alive on 10-18-46, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular heart disease

Due to Hypertropic Arthritis 7-2-46 Plu

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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 Palmer Brown Bowditch (M. D. or other) 10/18/46

Address 5800 Arsenal Date signed 10/18/46

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

MOTHER FATHER

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

Joseph Bollmer

Licensed Embalmer No

21014

P. O. Address

St. James Mo

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.