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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41912**
Registrar's No. **3620**

Registration District No. **317**

Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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)

3. (a) PRINT FULL NAME **Ida Rutsch.**
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 **Married**
6. (b) Name of husband or wife **John Rutsch**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Sept. 27, 1879.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **3** **4** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {
12. Name **John Michel**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Emilia Schelgel**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Rutsch**

(b) Address **5978 Ridge Blvd.,**

17. (a) **Burial** (b) Date thereof **Jan. 3/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Ann's Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.**

19. (a) **1-2-47** (b) **Richard J. Allen, MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **600**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5978 Ridge Blvd.,** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **31**
year **46** hour **7:15** minute **15** A. M.
21. I hereby certify that I attended the deceased from **1940**
to **12/31**, 19 **46**
that I last saw h. **lv** alive on **12/30**, 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy 930**
Due to **Hypertension & Myocarditis.**
Due to _____

Duration **4 days**

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: **None**
Of operations **None**
Of autopsy **None**

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? _____

23. Signature **John W. Clark** (M. D. or other) **MD**
Address **6125 Brentwood Station** Date signed **12/31/46**

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

FEB 3 1947

D., Q. McShane
6125 Bartmer Ave.,

Rutland

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..... *Alfred J. Boedeker*
Licensed Embalmer No..... 2663

P. O. Address..... 1125 Hodiemont Ave.,

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.