

No. 2
4-13-40
5-17-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42901

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10434**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Rutheran
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 9 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY RUETER

3. (b) If veteran, name war --- 3. (c) Social Security No. 342-03-4981

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Anna L. Rueter 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased August 30, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 3 3 hr. min.

9. Birthplace Washington Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retail Grocery

12. Name Henry Rueter

13. Birthplace Washington Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Kraus

15. Birthplace Washington Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Anna L. Rueter
(b) Address New Minden, Ill.

17. (a) Burial (b) Date thereof 12/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Minden, Ill.

18. (a) Signature of funeral director Helenan Tunn Home

(b) Address Nashville Ill

19. (a) DEC 6 1946 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington
(c) City or town New Minden, Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. -----
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec. day 3rd year 1946 hour 15 minute 45 M.

21. I hereby certify that I attended the deceased from November 20, 1946 to Dec. 3, 1946 that I last saw him alive on Dec. 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of liver

Due to MI

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

Major findings: Of operations As above
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 Thos. H. Rueter (M. D. or other) M.D.
Address 3657 Grand Blvd Date signed 12/3/46

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

MOTHER FATHER

Ha-74576

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 203 W. Walnut
Nashville, Ill.

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.