S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6882

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1693

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:
Josephine Heitkamp Memorial Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution life (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aao

(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2738a Wisconsin Avenue 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOHN TERRY RUESSING

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 15, 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name William A. Ruessing 0
13. Birthplace Overland Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lozena Bryan
15. Birthplace Bunker, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Ruessing
(b) Address 2837a Wisconsin Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-19-47
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) FEB 18 (b) 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
year 1947 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from 2-15-47
, 19 , to 2-17 , 1947
that I last saw h 1 m alive on 2-17 , 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 da

Due to Probably due to Birth injury

Due to

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

Major findings:
Of operations —

Of autopsy Cerebral Hemorrhage

161

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature F J Swekosky (M. D. or other) M.D.
Address 2528 So Jefferson Date signed 2-18-47

(Licensed Embalmer's Statement on Reverse Side)

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.....D W Cooper.....

Licensed Embalmer No.....3839.....

P. O. Address.....2301 Lafayette 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.