

X47070

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

FILED MAR 24 1947

State File No. **11472**
Registrar's No. **2653**

Registration District No. **318** Primary Registration District No. **1003**

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:
Missouri Baptist 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 Elizabeth L. Ruehmann
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female / **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased October 5 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Heuer **9**
13. Birthplace Unknown **1**
(City, town, or county) (State or foreign country)
14. Maiden name Louise Young
15. Birthplace Unknown **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Ruehmann
(b) Address Bx 1172 Rt. 14, Affton, Mo.

17. (a) Burial **(b) Date thereof** 3/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) MAR 13 1947 **(b) J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis **96**
(c) City or town Afftonis **0**
(If outside city or town limits, write "RURAL") **NR 0**
(d) Street No. Box 1172 Route 14 **7**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 3.10 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-9
1947 to 3-10, 1947
that I last saw her alive on 3-10
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Recurrent carcinoma primary in cervix
metastases to abdomen
& brain
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN

Major findings: Not operated by me.
Of operations _____
Of autopsy _____

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) Years of injury _____

23. Signature Charles J. Sherwin (M. D. or other)
Address 3120 Washington **Date signed** 3-12-47

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STATEMENT BY LICENSED EMBALMER

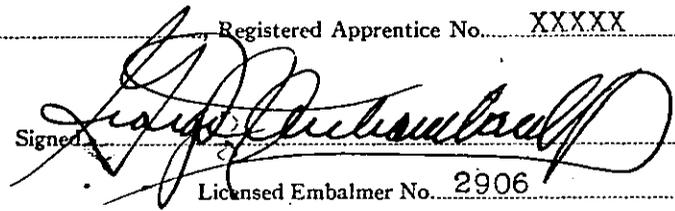
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 7128 Michigan 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.