

S. No. 2
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5-17-39
-PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19314**

FILED JUN 13 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5462**

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: **St. Louis Maternity 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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Indiana** (b) County **999**
(c) City or town **Evansville** **121**
(If outside city or town limits, write "RURAL")
(d) Street No. **3319 East Chandler**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Infant Ruthenburg**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **5**
year **47** hour **3** minute **45** P. M.
21. I hereby certify that I attended the deceased from **May 5**
19**47** to **May 5** 19**47**.

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years _____
7. Birth date of deceased: **May** **5** **47**
(Month) (Day) (Year)

that I last saw her alive on **May 5** 19**47**
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____
If less than one day hr. **40** min. _____

Immediate cause of death **Hydrops fetalis** Duration **2 mos**

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

Due to **Rh incompatibility**
mother Rh negative father Rh positive
Due to **Rh factor**

10. Usual occupation _____
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) **157**
Major findings: Of operations _____
Of autopsy **Enlarged liver + spleen**
ascites diffuse edema

MOTHER FATHER { 12. Name **Louis Coalter Ruthenburg**
13. Birthplace **Dayton** **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Dorothy Elizabeth Davis**
15. Birthplace **Evansville** **Indiana**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **Saint Louis Maternity Hospital**
(b) Address **630 S. Kingshighway**

23. Signature **Willard M. Allen** (M. D. or other) **M. D.**
Address **630 S. Kingshighway, St. Louis** State signed **5/7/47**

17. (a) **Anatomical Board** (b) Date thereof **JUN 2 1947**
(Burial, cremation, or removal) **Anatomical Board** (City) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director **W. Richter**
(b) Address **3500 Rutger**
19. (a) **JUN 2 1947** (b) **J. F. Bedeck**
(Date received local registrar) (Registrar's signature)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.