

FILED SEP 2 1947
318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County..... **St. Louis**
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **7 days**
(Specify whether years, months or days)
In this community..... **55 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3960a Ashland Avenue** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** **0**
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Ruloff, Amelia

3. (b) If veteran, name war..... **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug** day..... **20**
year..... **1947** hour..... **04** minute..... **02** P.M.

21. I hereby certify that I attended the deceased from **18 Aug** 19**47** to **20 Aug** 19**47**.
that I last saw her alive on **20 Aug** and that death occurred on the date and hour stated above. **19:47**
Duration

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife..... **Edward J. Ruloff**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **August 10, 1885**
(Month) (Day) (Year)

Immediate cause of death..... **Encephalopathy**
Due to **arterial hypertension and amyloid**
Due to **infection**

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	62	0	10	hr. min.

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

10. Usual occupation..... **At home**

Other conditions..... **Diabetes mellitus, nephritis**
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....
12. Name..... **Louis Sackwitz**
13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name..... **unknown**
15. Birthplace..... **uk**
(City, town, or county) (State or foreign country)

Major findings: **61**
Of operations.....
Of autopsy..... **not done**

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Mrs. Catherine Desmuke**
(b) Address..... **3960a Ashland Avenue**

17. (a) **Burial** (b) Date thereof..... **8-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **J. F. Bredbeck**
(b) Address..... **2117 East Grand Blvd.**

19. (a) **AUG 22 1947** (b) **J. F. Bredbeck**
(Date received local registration) (Registrar's signature)

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..... **Vernon A. Benhey** (M. D. or other)
Address..... **1315 S. Grand** Date signed..... **20 Aug 1947**

WRITE PLAINLY—USING 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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.