No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29971

State File No. 0

FILED AUG 16 1947

Registration District No. 5/1

Primary Registration District No. 6076

Registrar's No. 1752

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home 4 (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 Missouri (b) County St. Louis 96

(c) City or town Manchester 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Robert A. Ruemeli

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 6 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	5	11 hr. 50 min.

9. Birthplace (City, town, or county) Switzerland 4 (State or foreign country)

10. Usual occupation Flour broker

11. Industry or business retired

FATHER

12. Name Ruemeli

13. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

MOTHER

14. Maiden name Bertha Mahler

15. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant Robert Ruemeli, Jr.

(b) Address 11 Ridgetop, Richmond Heights, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/14/47 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road, St. Louis 17, Mo.

19. (a) 8-15-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1947 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from Dec 9, 1946, to Aug 11, 1947 that I last saw him alive on Aug 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis aggravated by heat.

Due to Gen'l arteriosclerosis

Due to

Other conditions Hernia Rt side (Include pregnancy within 3 months of death)

Major findings: Of operations 122 a

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature C H Denny (M. D. or other) MD

Address Creve Coeur, Mo. Date signed 8-12-47

Jefferson City Printing Co.

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.