

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36701
State File No. _____
Registrar's No. 2265

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Elm Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. Elm Conv. Home
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dora 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 Widowed
6. (b) Name of husband or wife August
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 14 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 12 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Nil.

MOTHER FATHER
11. Industry or business _____
12. Name Fred Kaune
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Ruehmann
(b) Address 4966 Berthold
17. (a) Burial, cremation, or removal Burial
(b) Date thereof 10-29-47
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan
19. (a) 10-29-47 (b) Cecil A. Z. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 26
year 1947 hour 9:00 am minute A M.
21. I hereby certify that I attended the deceased from May 12 1945 to Oct 26 1947
that I last saw her alive on Oct 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis 3 yrs
Due to 93d
Due to _____
Other conditions Arterio-sclerosis 5 yrs?
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsies _____
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)
While at work? _____ (e) Means of injury _____
23. Signature Eugene L. Arnold (M. D. or other) M.D.
Address 1449 Mrs. Larson Date signed 10/28/47

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.....

George N. Archambault

Registered Apprentice No. XXXXXX

working under my personal supervision.

Signed

George N. Archambault

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.

1049 M.E. Harris

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. NovRegistration District No. 317Primary Registration District No. 6076Registrar's No. 2265

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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 NAMEDora Ruchman3. (b) If veteran,
name war _____3. (c) Social Security
No. _____5. Color or race J W6. (a) Single, widowed, married,
divorced wid4. Sex F

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased April
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84

_____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-29-9 (b) Beate Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

