S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 140549

FILED DEC 8 1947

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2486

1. PLACE OF DEATH:
(a) County Normandy Mo.
(b) City or town St. Louis County 20 Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mother Of Good Counsel Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8- Years. (Specify whether
In this community All of her life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 2 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1919 a Madison St., 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country None.

3. (a) PRINT FULL NAME Salome RUHR.
3. (b) If veteran, name war ------ 3. (c) Social Security No. -------
4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ------ 6. (c) Age of husband or wife if ----------p alive ---- years
7. Birth date of deceased Nov-9th-1868. (Month) (Day) (Year)

8. AGE: Years 79 Months 20 Days 25 If less than one day ---------- hr. ---- min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Hat Trimmer-
11. Industry or business Guerdan Hat Co.
FATHER
12. Name Bernard Ruhr, 4
13. Birthplace Germany (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Mary Juergensmeier,
15. Birthplace Germany. (City, town, or county) (State or foreign country) 4
16. (a) Informant Theresa Richmer
(b) Address 1919a Madison St.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 2Nd. 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director Brockland Und. Co.
(b) Address 1827- Hogan St.
19. (a) 12-2-47 (Date received local registrar) (b) Cecil A. [illegible] (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 29TH. year 1947 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan-1St., 1947, 19..., to Nov-29th-, 19...; that I last saw her alive on Nov-29th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Anasarca- Duration
Cerebral apoplexy Rt. (2) strokes before entering Home.
Due to Hemiplegia left-myo carditis.
Hypertension-B.P. 200/90
Due to Block heart.
Died in the Home of the Incurables.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93
Of autopsy No.

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 [signature] (M. D. or other)
Address 3734- Jennings Road. Date signed 11-29-47

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

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St. Louis,

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.