. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 397

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3571

Registrar's No. 320

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: [redacted] (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hall's Ferry Memorial Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 Days (Specify whether years, months or days)
In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 0-00
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 4529a Athlone Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Adele Charlotte Ruether
3. (b) If veteran, name war:
3. (c) Social Security No.: 488-10-3808

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 16 (Day) 1897 (Year)

8. AGE: Years 50 | Months 5 | Days 15 | If less than one day: br. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Supervisor
11. Industry or business: Southwestern Bell Tel. Co.

FATHER
12. Name: Charles Ruether
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Frances Boll
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Frances Ruether
(b) Address: 4529a Athlone Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Concordia Cemetery
18. (a) Signature of funeral director: Beiderwieden Fun. Home Inc.
(b) Address: 1936 St. Louis Avenue
19. (a) 2-3-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1948 hour 4:45 minute P M.
21. I hereby certify that I attended the deceased from 9/25/47 19..., to 1/31/48 19...; that I last saw her alive on 1/31/48 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy (Cerebral)	8 mos
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other) MD
Address: 6807 W Florissant Date signed 2/2/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1948

Dr. Nellie Shaver
2739 N Grand Blvd.
2;00 to 6;00 P M.

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 Glen W. Hab

Licensed Embalmer No. 3737

P. O. Address 1936 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.