No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6676

State File No. 11118

Registrar's No. 884

6
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis County, Mo.
(b) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7015 Hunter Ave.
(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 Mo. (b) County St. Louis 96
(c) City or town Normandy
(If outside city or town limits, write "RURAL") 0
(d) Street No. 7019 Hunter Ave. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Ruenheck, Justin Henry
3. (b) If veteran, name war No
3. (c) Social Security No. 497-16-6727
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Selma Dorothy
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March 27th, 1883 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65		8	..... hr. ..... min.

9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Bank Clerk
11. Industry or business .....

FATHER
12. Name Theodore Ruenheck
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Henning
15. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Selma Ruenheck
(b) Address 7019 Hunter Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Kraeger-Voss, Inc.
(b) Address 3402 N. Kingshighway
19. (a) 4-6-48 (Date received local registrar) (b) Earl A. Sharp MD (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-16-47 ....., 19....., to 4-4-, 1948 that I last saw him alive on 4-8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	Immediate
Due to Cardio Renal vascular disease	2 yrs
Due to 131 b	
Other conditions Hypertension (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations none
Of autopsy none

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) no
(b) Date of occurrence none
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none
23. Signature M E Stuckle (M. D. or other) MD
Address 7124 Natural Bridge Date signed 4-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1948

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.....

Licensed Embalmer No.....

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.