No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14608

FILED APR 30 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3219

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3019 Indiana Av. (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
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3019 Indiana Av. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME George F. Ruth Sr.
3. (b) If veteran, name war Mo.
3. (c) Social Security No. Mo.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Emeline Ruth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 5 (Day) 1860 (Year)

8. AGE: Years 89 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Pilot Knob (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired City Employe
11. Industry or business
FATHER
12. Name George Ruth
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Appel
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Anton Ruth
(b) Address 3019 S. Indiana Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park
18. (a) Signature of funeral director Witt Bro. & Ala
(b) Address 2929 S. Jefferson Av.
19. (a) APR 20 1948 (Date received local registrar) J. F. Brescek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 3 minute 20 p. M.
21. I hereby certify that I attended the deceased from April 17 1948 to April 18 1948 that I last saw him alive on April 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilatation	12 hrs
Due to Chronic Myocarditis	6 months
Due to Hypertensive Heart Disease	6 months
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 Milo Heideman (M. D. or other) M.D.
Address 508 N. Grand Blvd. Date signed April 19, 1948

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 Harold C. Will

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson A

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.