. No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17985

FILED MAY 26 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4589

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3020 WYOMING 1
(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 MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3020 WYOMING 9
(If rural, give location) 0
16
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA RUESCHE
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 MARRIED
6. (b) Name of husband ~~or wife~~ WILLIAM
6. (c) Age of husband ~~or wife~~ if alive 76 years
7. Birth date of deceased AUGUST 27, 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 18 If less than one day hr. min.
9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
FATHER
12. Name BOPP
13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)
16. (a) Informant WILLIAM RUESCHE
(b) Address 3020 WYOMING
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation BETHANY CEM.
18. (a) Signature of funeral director Thomas Kuti & Son
(b) Address 2906 GRAVOIS
19. (a) MAY 17 1948 (Date received local registrar) (b) J. F. Bradrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15 year 1948 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from 2/4 1948 to 5/15 1948 that I last saw her alive on 2/14 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
Due to Arteriosclerosis
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations 131
Of autopsy

Duration

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 Otto C. Hanser MD (M. D. or other)
Address 3012 Lafayette Date signed 5/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Hannie C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grovers

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 4589

Registration District No. 318 Primary Registration District No. 1003

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Anna Rulsche

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 27 1879 (Month) (Day) (Year)

8. AGE: Years 77 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 5-17-1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JUN 3 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from , to , 19 ; that I last saw h 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 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

17985