

No. 10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24668
6187
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution DePaul Hospital 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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL" _____)
(d) Street No. Park Hotel - 1231 Olive
(If rural, give location)
(e) Citizen of foreign country? 25 _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Ruh
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 12
year 1948 hour 7 minute 15 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Annie Ruh
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 18, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-9-48 to 7-12-48
that I last saw him alive on 7-12-48
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration don't know.

8. AGE: Years 62 Months 11 Days 24
If less than one day hr. min.

Due to none
Due to _____

9. Birthplace Rochester N. Y. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Frank Ruh
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Agatha Bucker
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elizabeth Hagen
(b) Address 4566a Fair Ave.
17. (a) Burial (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) J. F. Bueck (b) Date received 7-13-48
(Date received by registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Walter H. J. Jernigan 1506 St. Louis 7-12-48
Address Date signed

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

MOTHER FATHER

