

FILED NOV 12 1948 **818**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3448a Hartford  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer Ruga  
3. (b) If veteran, name war None  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian Ruga  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased October 12, 1898  
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Joseph C. Ruga  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Weber  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Ruga  
(b) Address 3448a Hartford

17. (a) Burial (b) Date thereof 11-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd

19. (a) NOV 4 1948 (b) J. B. Pickett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3448a Hartford  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 3,  
year 1948 hour 11 minute 35 p.m.

21. I hereby certify that I attended the deceased from  
August 20, 1948, to November 3, 1948  
that I last saw him alive on November 3, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 4 days  
myocardial degeneration.

Due to Coronary artery sclerosis 6 years  
general atherosclerosis

Due to Hypertension ?

Other conditions \_\_\_\_\_  
(Includes 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature George H. ... (M. D. or other) mid

Address 5439 ... Date signed 4/11/48

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**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 J. W. Bentley  
Licensed Embalmer No. 3653  
P. O. Address St. Louis, Mo

**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.**