

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1948

Registration District No. 3177

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
While driving on Hi. 30 near Murphy, Mo.
(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 CHARLES J. RUESS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Nellie Ruess

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1 1880
(Month) (Day) (Year)

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

68 7 24 hr. _____ min.

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

10. Usual occupation Shoe Buyer

11. Industry or business Retired 4 years

12. Name Leopold Ruess

13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Bracke

15. Birthplace Belleville, Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Ruess

(b) Address 2631 Pennsylvania Ave.

17. (a) Burial (b) Date thereof Oct. 28, 1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) 10-27-48 (b) Carl R. Murphy MD
(Date received local Registrar) (Registrar's signature) MSZ

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. 3776a Keokuk St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25
year 1948 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____
DIED WITHOUT MEDICAL ATTENDANCE
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cause unknown

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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 W. H. Gray (M. D. or D. O. M. D.)
Address Commissioner of Health Date signed 10-27-48

FEB 6 1950

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 me

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

Signed.....

Joe B Benz
Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, Missouri.

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.