

FILED DEC 2 1948 **818**

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-day
In this community 35 years
(Specify whether 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. 5903 Cates Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ivan M. Rugh

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th.,
year 1948 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from 11-15, 1948, to 11-16, 1948
that I last saw him alive on 11-16-48, 1948
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Marie Rugh 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Aug. 6th., 1902
(Month) (Day) (Year)

Immediate cause of death Chr. Myocarditis Luetici
Aortitis Luetici
Due to Aortic Aneurysm
Due to _____

8. AGE: Years Months Days If less than one day
46 3 10 _____ hr. _____ min.

9. Birthplace Neb. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Scott-Morgan Cl. Co.

MOTHER FATHER { 12. Name Loyd Rugh
13. Birthplace Neb. 1
(City, town, or county) (State or foreign country)
14. Maiden name Lelia Cox
15. Birthplace Neb. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Rugh
(b) Address 5903 Cates Ave.

17. (a) Burial (b) Date thereof 11-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walhalla
18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd.

19. (a) NOV 17 1948 (b) J. B. Casper
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature J. Haerden (M. D. or other) M.D.
Address 6899 Delmar Date signed 11/16/48

WRITE PLAINLY—USE 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 *W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.