U. S. No. 300
50M—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 41991

Registrar's No. 2899

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 days
(Specify whether years, months or days)
In this community: 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 3822 Melba Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles Ruede
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
6. (b) Name of husband or wife: Ida Bircher
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Apr. (Month) 5 (Day) 1874 (Year)

8. AGE: Years 74 Months 8 Days 2 If less than one day hr. min.

9. Birthplace: Cuba (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: None
11. Industry or business: None

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

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

16. (a) Informant: St. Louis County Hospital
(b) Address: Clayton, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof: 12/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Parklawn Cemetery
18. (a) Signature of funeral director: Mark Tiernan
(b) Address: 6100 W. Florissant
19. (a) 12-8-48 (Date received local registrar) (b) Thurd V. Chinnger M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1948 hour 8 minute 0 A.M.
21. I hereby certify that I attended the deceased from Nov. 25, 1948, to Dec. 7, 1948; that I last saw him alive on Dec. 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration
Also: General arteriosclerosis
Arteriosclerotic Heart Disease
Due to: Cerebral thrombosis —
Due to: 932

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: Bronchopneumonia, lobt, ASAD, pulmonary embolism

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: R. R. Cable (M. D. or other) MD
Address: 601 Brentwood, Clayton Date signed 12-7-48

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.