

FILED AUG 5 1949

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6571	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis		d. STREET ADDRESS (If rural, give location) 17 1946 Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1946 Louisiana				d. STREET ADDRESS (If rural, give location) 17 1946 Louisiana			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine		b. (Middle) B.		c. (Last) Ruwe		4. DATE OF DEATH (Month) (Day) (Year) July 28 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1863		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during ordinary working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Evansville, Ind		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Charles B. Niehaus			13b. MOTHER'S MAIDEN NAME Jane Abbink		14. NAME OF HUSBAND OR WIFE Frank Ruwe		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Crissie Ober 1946 Louisiana			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Ventricular Hypertrophy DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Disease				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from July 7, 1949 , to July 28, 1949 , that I last saw the deceased alive on July 28, 1949 , and that death occurred at 8 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John H. ...				23b. ADDRESS 3606 ...		23c. DATE SIGNED 7/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-30-1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUL 29 1949		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bro. Und. Co. 2201 S. Grand			

WRITE PLAINLY--USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

James Edmund

Signed _____
Student Embalmer

Licensed Embalmer No. 4527

P. O. Address 2201 Grand B

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.