

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39809**  
Registrar's No. **04578**

FILED DEC 12 1949

BIRTH NO. _____		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>6076</b>	Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Rural Wellston</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Cole</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis County</b>		c. LENGTH OF STAY (in this place) <b>4 1/2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City, Mo. 5</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Vincents Sanitarium</b>			d. STREET ADDRESS <b>731 E. High St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bernardine</b>		b. (Middle) _____		c. (Last) <b>Ruwart</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 2 1949</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>April 25 1890</b>		9. AGE (In years last birthday) <b>59</b> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS (OR INDUSTRY)		11. BIRTHPLACE (State or foreign country) <b>Jefferson City, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Schneider</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Schlarb</b>	
13c. NAME OF HUSBAND OR WIFE <b>Mr. Edward A. Ruwart</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward Ruwart, Jefferson City, Mo.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Hypertension, Essential Hypertensive Cardio-Vascular Renal Dis. Diabetes Mellitus Psychosis &amp; cerebral Arteriosclerosis</b>			
INTERVAL BETWEEN ONSET AND DEATH <b>over 2 yrs</b>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jefferson City, Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Oct 18</b> , 1949, to <b>Dec 2</b> , 1949, that I last saw the deceased alive on <b>Dec 2</b> , 1949, and that death occurred at <b>2:30 A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>JR Bauret MD</b> (Degree or title)			23b. ADDRESS <b>7511 Selmar Blvd</b>		23c. DATE SIGNED <b>Dec. 2 '49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-2-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jefferson City, Mo.</b>	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <b>12-3-49</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herbert A. Wombell</b> <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Wm R. Sadwell*  
Licensed Embalmer No. 4077

Signed.....  
Student Embalmer

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.