

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14947

State File No. _____
Registrar's No. **3373**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 3373			
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 town) St. Louis			c. LENGTH OF STAY (In this place) 6			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2069		
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-5445 Page Blv'd.,				d. STREET ADDRESS (If rural, give location) 5445 Page Blv'd.,							
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ALLEN		c. (Last) RUGE		4. DATE OF DEATH (Month) (Day) (Year) 4 10 50					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Jan. 10, 1944.		9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 3 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME F. Morell Ruge			13b. MOTHER'S MAIDEN NAME Margurite Lindwall			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME F. Morell Ruge, 5445 Page, St. Louis, Mo.			ADDRESS _____				
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					INTERVAL BETWEEN ONSET AND DEATH		
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____							
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tubercular Meningitis							
				DUE TO (c) Gastro malacia							
				II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Cats' Disease							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 1. 10/10/11						20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) _____			
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? 0.10X							
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:05 P. m., from the causes and on the date stated above.											
23a. SIGNATURE OF REGISTRAR Gabriel E. Taylor (Degree or title) Coroner				23b. ADDRESS 7300 Clark			23c. DATE SIGNED 4/11/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 4-12-50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					
DATE REC'D BY LOCAL REG. APR 11 1950		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons-St. Louis, Missouri						

WRITE PLAINLY—USING UNFADEING 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. *Not*

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Not embalmed

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.