

FILED JUL 13 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21960**
5831

BIRTH NO. II2787		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				6. STREET ADDRESS (If rural, give location) 2546 Arlington Ave. 0			
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) L.		c. (Last) RUEMMLER.	
4. DATE OF DEATH (Month) (Day) (Year) JULY 4/1950.		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH Sept. 24 1868		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adam Ruemmler		13b. MOTHER'S MAIDEN NAME Mary Long		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Laux, 5903 Cote Brilliante			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 3 , 1950, to JULY 4 , 1950 that I last saw the deceased alive on JULY 4 , 1950, and that death occurred at 3:50 PM, m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Joseph J. Muesel, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 7/5/1950	
24a. BURIAL (CREMATION) REMOVAL (Specify) Burial		24b. DATE 7/7/50		24c. NAME OF CEMETERY OR CREMATORY New Pickers		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 6 1950 J. B. Pascher		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral, 1905 Union Blvd.		ADDRESS			

(Licensed Embelmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Warren A. Carver

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3534

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.