

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 29 1950 STANDARD CERTIFICATE OF DEATH

24667

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6080

1. PLACE OF DEATH a. COUNTY <u>5800 Arsenal St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>8 yr. 4 mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>St. Louis</u>	

3. NAME OF DECEASED (Type or Print) <u>Rudolph Cruse</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single (1)</u>	8. DATE OF BIRTH <u>April 10, 1901</u>	9. AGE (In years last birthday) Months Days <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fred Cruse</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Buss</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Oliver Cruse</u>	ADDRESS <u>4511a Rosewood Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(1) Cardiac Asthenia - few hours</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardio Vascular</u> DUE TO (c) <u>Disease 1940 Plus.</u>		
II. 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 type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>443X</u>
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22. I hereby certify that I attended the deceased from Mar. 13, 1942, to July 13, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 5:10 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Palmer Duane Bowlich M.D.</u>	(Degree or title)	23b. ADDRESS <u>5800 Arsenal</u>	23c. DATE SIGNED <u>7-13-50.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-15-50.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
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DATE RECEIVED BY LOCAL REG. <u>7-14-50</u>	REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u>	ADDRESS <u>2161 E. Fair Ave.</u>
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WRITE PLAINLY--USING UNEADING 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.....
Student Embalmer

Signed *W. Ford & Burnley*
Licensed Embalmer No. *4393*

P. O. Address *Shoups*

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.