

FILED JUL 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25228

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5899

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 TOWN St. Louis c. LENGTH OF STAY (In this place) \_\_\_\_\_ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL e. STREET ADDRESS (If rural, give location) 4616 Lindell 0

3. NAME OF DECEASED a. (First) Marie b. (Middle) \_\_\_\_\_ c. (Last) Ruden 4. DATE OF DEATH (Month) (Day) (Year) July 7 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Unknown 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) Abt. 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Austria 4 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Harry Ruden

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. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harry Ruden-4616 Lindell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congestive heart failure 3-4 wks.  
ANTECEDENT CAUSES DUE TO (b) Myocardial infarction 2-3 mo.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive heart disease  
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  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? HAZX

22. I hereby certify that I attended the deceased from May 28, 1950, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 7RB Bradley M.D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 7/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/9/50 24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUL 7 1950 REGISTRAR'S SIGNATURE J.B. Sasser 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rudolph, Inc. 5216 Delmar

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

*[Handwritten mark]*

**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 \_\_\_\_\_

*John Kettes*  
3886

Licensed Embalmer No. 3886

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.