

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1950

State File No. **32046**
Registrar's No. **2337**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 2337	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (In this place) 73		c. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur Rural		4750	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) Warson Rd. R#2 Box 673 Clayton			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edward c. (Last) Ruble			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 18, 1935	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Hours 	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (State or foreign country) Webster Groves, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Anthony Ruble			13b. MOTHER'S MAIDEN NAME Helma Wittmaier		14. NAME OF HUSBAND OR WIFE XXXXXXXXXX		
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 Anthony Ruble R#2-Box 673 Clayton, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE POISONING ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UNKNOWN CHEMICAL AGENT (GENERAL PLATO PLASMIC POISON) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 11 hrs ERRRO 14
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 88x0					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NEIGHBOR'S HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS, MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-27-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? DRANK POISON			
22. I hereby certify that I attended the deceased from 11:30 PM 9-27, 1950 , to 7:28 AM 9-28, 1950 , that I last saw the deceased alive on 7-28, 1950 , and that death occurred at 7:28 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Robert J. Jeffrey				23b. ADDRESS W.D. 601 So. Brentwood Blvd		23c. DATE SIGNED 9-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-30-1950		24c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Cem		24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.	
DATE REC'D BY LOCAL REG. 9-30-50		REGISTRAR'S SIGNATURE H. Rombe		25. FUNERAL DIRECTOR'S SIGNATURE William 1800 Ave ADDRESS 2504-Woodson Rd-Overland-14-Mo.			

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.....

Oscar F. Mueller

Signed.....
Student Embalmer

Licensed Embalmer No..... *3039*

P. O. Address *Overland 17 Mo.*

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.