

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19261

State File No.

BIRTH NO. <u>968</u>		REG. DIST. NO. <u>6248</u>		PRIMARY REG. DIST. NO. <u>6248</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington Co.</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Richwoods Mo.</u> c. LENGTH OF STAY (In this place) <u>Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Richwoods</u> <u>1100</u> d. STREET ADDRESS (If rural, give location) <u>7mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) c. (Last) <u>Rulo</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>14</u> (Year) <u>1951</u>		5. SEX <u>M</u> 0		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Feb 2 1881</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General labor.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Rulo</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Courtis</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE Rulo Richwoods</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>498-10-3373</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.T. Howell, 3946 Green, St Louis Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		334x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-12, 1951</u> , to <u>1-14</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph S. Thurman M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1-15-1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Stephens Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Richwoods Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-16-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		339		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Clair, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 25 1951
WASH. COUNTY HEALTH DEPT.
File No. _____

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 _____

Sherwood W. Kitchell

Signed _____
Student Embalmer

Licensed Embalmer No. *3873*

P. O. Address *St. Clair, 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.