

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1951

State File No. **21418**  
Registrar's No. **5502**

318

1003

BIRTH NO. 45469-50 REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>2229</b> OR <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis City Hosp. #1.</b>		d. STREET ADDRESS (If rural, give location) <b>1007 Dillon Court</b>	
3. NAME OF DECEASED a. (First) <b>DIANE</b> b. (Middle) c. (Last) <b>RULO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1951</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>July 29, 1950</b>
9. AGE (In years last birthday) <b># 10 18</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>
13a. FATHER'S NAME <b>Joseph Rulo</b>		13b. MOTHER'S MAIDEN NAME <b>Irene Lively</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <b>Irene Rulo</b> ADDRESS <b>1007 Dillon Court</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Second &amp; third degree burns of face, neck &amp; head when decreased turned on hot water faucet while being washed in the sink in the kitchen of her home at 1007 Dillon Court June 16, 1951 at about 7:00 pm.</b>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>no</b>		DUPLICATE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>no accident</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>June 16 51 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E 9170</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:40 P.M.**, from the causes and on the date stated above. **17**

23a. SIGNATURE <b>Dr. Harry Dean Corone</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>6/18/51</b>
24a. BURIAL, CREMATION, REBURNAL (Specify) <b>Burial</b>	24b. DATE <b>6-20-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUN 18 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Hasler</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin's 2301 Lafayette Avenue</b>		

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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*A. J. Ferris*

Licensed Embalmer No.

*3384*

P. O. Address

*A. Ferris*

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.