

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25201

State File No.

318

1003

6895

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) Mrs. Lino		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital.		e. STREET ADDRESS (If rural, give location) 5800 Arsenal 8			
3. NAME OF DECEASED (Type or Print) Theresa		a. (First) Theresa		b. (Middle)	
		c. (Last) Rueschhoff		4. DATE OF DEATH (Month) (Day) (Year) July 31, 1951.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12 - 15 - 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 7 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank J Rueschhoff		13b. MOTHER'S MAIDEN NAME Tereasa Wittman	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME John B Rueschhoff		ADDRESS 5710 Rohds			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-Encephalitic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinsonia Syndrome</u>			
		DUE TO (c)			
		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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>

22. I hereby certify that I attended the deceased from Sept. 15, 1951, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George M. Janak, M.D.</u>	(Degree or title) <u>U</u>	23b. ADDRESS <u>5600 Arsenal Street</u>	23c. DATE SIGNED <u>July 31, '51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S, S, PETER & PAUL CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST, Louis Mo</u>

DATE REC'D BY LOCAL REG. <u>AUG 1 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lanster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WINGBERMUEHLE</u>	ADDRESS <u>3819S GRAND Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.

Student
Student Embalmer

Signed

L. J. Kingbermelle
.....
Licensed Embalmer No. *4611*

P. O. Address *St. Louis*

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.