

No. 300
10.48

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40098

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 3714

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) Maplewood c. LENGTH OF STAY (in this place) 28 mos

c. CITY (If outside corporate limits, write RURAL and give township) Jemay 4820

d. FULL NAME OF HOSPITAL OR INSTITUTION Maplewood Nursing Home

d. STREET ADDRESS (If rural, give location) 4944 Seibert 1

3. NAME OF DECEASED
a. (First) Albert b. (Middle) Ruehl c. (Last) Ruehl

4. DATE OF DEATH (Month) (Day) (Year)
Nov 15 1951

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 1, 1863

9. AGE (in years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 6 WKS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St Louis County Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Ruehl

13b. MOTHER'S MAIDEN NAME ?

14. NAME OF HUSBAND OR WIFE Mary Ruehl

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 ADDRESS
Fred Ruehl 4851 Tieman

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 B Hypertensive Cardio Vascul disease
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) depression
DUE TO (c) Cerebral hemorrhage
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis, severe generalized

INTERVAL BETWEEN ONSET AND DEATH
5 years
7 days
15 yr

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION no

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
4434

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1949, to 11-15, 1951, that I last saw the deceased alive on 11-15, 1951, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Design or title) A. N. Toroman MD

23b. ADDRESS 9505 Gravois

23c. DATE SIGNED 11-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 11/17/51

24c. NAME OF CEMETERY OR CREMATORY St Lucas Cemetery

24d. LOCATION (City, town, or county) (State) Sappington Missouri

DATE REC'D BY LOCAL REG. 11-17-51 REGISTRAR'S SIGNATURE Hubert R. Donk MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
L Ziegenhein & Sons 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.