

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

14733

FILED MAY 1 - 1952

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3690**

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>1</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>2179</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u> <u>0</u>                                |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4880 Margaretta Avenue, 15.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>4880 Margaretta Avenue, 15.</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>7</u> c. (Last) <u>Ruhl</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 16th, 1952</u>                               |
| 5. SEX <u>Male</u> <u>0</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>April 16th, 1868</u>  |
| 9. AGE (In years last birthday) <u>84</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>                               | 11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>                           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Columbia Brewery</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |
| 13a. FATHER'S NAME <u>George Ruhl</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Louise Seibell</u>   | 14. NAME OF HUSBAND OR WIFE <u>Katherine Ruhl</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Ruhl, 4880 Margaretta Avenue, 15</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Maliguanca</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Sarcitis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 hr</u>   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Maliguanca</u>  |   |
| 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? <u>127X</u>  |   |
| 22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>48</u> , to <u>3/26</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:45Pm.</u> , from the causes and on the date stated above.  |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>Carl Smith</u> <u>0</u>   |  | 23b. ADDRESS <u>Francis Bels</u>  | 23c. DATE SIGNED <u>4</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>4/19/52</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>                    |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 19 1952</u> <u>Carl Smith</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>             |   |   |

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

Hours. 11:00 A. M. to 1:00 P. M.  
2:00 to 3:00 P. M. Daily

FILE IN CITY.

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 John A. Mlesner  
Licensed Embalmer No. 4186

P. O. Address St. Louis 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.