

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29988

FILED AUG 23 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. _____
Registrar's No. 7449

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

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2019	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis penschied		d. STREET ADDRESS (If rural, give location) 418 E. Espenschied St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital			
3. NAME OF DECEASED (Type or Print) Spiro Ruic also known Spiro Rusick		4. DATE OF DEATH (Month) (Day) (Year) August 2 1952	
a. (First) Spiro b. (Middle) Ruic c. (Last) Rusick			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1886
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace Operator	11. BIRTHPLACE (State or foreign country) Austria
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace Operator		10b. KIND OF BUSINESS OR INDUSTRY Great Lakes Co.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bertha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 497-01-9606	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nedelka Tafta 1041 Geyer ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, generalized DUE TO (c) diabetes mellitus		UNKNOWN UNKNOWN	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 260X			
22. I hereby certify that I attended the deceased from 8/1, 1952 to 8/2, 1952, that I last saw the deceased alive on 8/1, 1952, and that death occurred at 5:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE John M. Collins (Degree or title) J.M.D.		23b. ADDRESS 9438 A Grand St. Louis	
23c. DATE SIGNED 8/2/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 5, 1952	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) 8900 N. Broadway	
DATE REC'D BY LOCAL REG. AUG 4 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS U. & L. Co. S. Broadway	

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

Timothy C. Hoffmeister

Signed.....

Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.