

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41074**
10155
Registrar's No.

FILED NOV 19 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2169	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 16 3400 South Grand	
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) c. (Last) RUEMCKER			4. DATE OF DEATH (Month) (Day) (Year) October 24, 1953
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 30 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months 8 Days 24 IF UNDER 24 HRS. Hours 24 Min.
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Henry Ruemker		13b. MOTHER'S MAIDEN NAME Anna FENNEN	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hospital Record	
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) Carcinoma of Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 10-20-53		19b. MAJOR FINDINGS OF OPERATION Pneumonitis due to perforation of urinary bladder	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 177X		22. I hereby certify that I attended the deceased from 7-14-53 , 19____, to 10-24-53 , 19____, that I last saw the deceased alive on 10-24-53 , 19____, and that death occurred at 10:30 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE Shela M. Riebin (Degree or title) MD.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 10-26-53		24a. BURLIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10/27/53		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25a. FUNERAL DIRECTOR'S SIGNATURE John H. Gebbers	
25b. ADDRESS 2639 E. ...		DATE REC'D BY LOCAL REG. OCT 26 1953	
REGISTRAR'S SIGNATURE Charles Smith		REG. NO. MD	

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.....
Signature of Student Embalmer

Signed..... *Robert F. Gubkin*

Licensed Embalmer No... *4144*

P. O. Address... *2630 Grand*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.