

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5818

State File No.

No. 300
10-48

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wright City	
c. LENGTH OF STAY (in this place) 16 Days		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) C	c. (Last) Ruge	4. DATE OF DEATH (Month) (Day) (Year) Feb 14 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 12 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF BROKEN IN HRS. Days	IF BROKEN IN MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Warren Co MO	12. CITIZEN OF WHAT COUNTRY? U.S.				

13a. FATHER'S NAME Henry Diekroeger	13b. MOTHER'S MAIDEN NAME Wilhelmine Schmidt	14. NAME OF HUSBAND OR WIFE Robert W Ruge
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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 Corwin S Ruge Wright City Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>d. debilitation - extreme</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 wks</i>
ANTECEDENT CAUSES -Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.	DUE TO (b) <i>emaciation - cause not determined</i>	DUE TO (c) <i>Fracture left humerus</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<i>36 days</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 109
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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?
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22. I hereby certify that I attended the deceased from Jan 9, 1954, to Feb 14, 1954 that I last saw the deceased alive on Feb 14, 1954 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Russell Heider M.D. (Degree or title)	23b. ADDRESS St Charles, Mo.	23c. DATE SIGNED Feb 17 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 17 1954	24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	24d. LOCATION (City, town, or county) (State) Wright City Missouri
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DATE REC'D BY LOCAL REG Feb 19 1954	REGISTRAR'S SIGNATURE <i>James Hamilton</i> 28420	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg Furn & Und Co Wright City Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1954

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 Julius J. Nieburg.
Licensed Embalmer No. 3306.

P. O. Address Wright City, 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.