

FILED SEP 21 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 32148
Registrar's No. 8193

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY OR TOWN Granite City	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		f. STREET ADDRESS (If rural, give location) 2406 Nameoki Road 81208	

3. NAME OF DECEASED (Type or Print) a. (First) ALMA	b. (Middle) BERTHA	c. (Last) RUIWISCH	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 31, 1894
9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty Operator	10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (City and State or Foreign Country) Granite City, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME August F. Ruwisch	13b. MOTHER'S MAIDEN NAME Ida Fehling	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs Charles Theis	ADDRESS 2926 Cleveland Granite City, Ill.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	ANTECEDENT CAUSES DUE TO (b) Broncho pneumonia		3 days
	DUE TO (c) Rheumatic heart disease		20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 416x

22. I hereby certify that I attended the deceased from 9-3-54, 19, to 9-4-54, 19, that I last saw the deceased alive on 9-4-54, 19, and that death occurred at 7:35 pm., from the causes and on the date stated above.

23a. SIGNATURE R. Bradley M.D.	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 9-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 24, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Johns	24d. LOCATION (City, town, or county) (State) Granite City, Illinois
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DATE REC'D BY LOCAL REG. SEP 7 1954	REGISTRAR'S SIGNATURE Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer	ADDRESS Granite City, Ill.
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(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, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *Charles E. Merce*.....

Licensed Embalmer No. *298*.....

P. O. Address *Grant*.....

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.