

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39765

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2456

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		c. CITY OR TOWN Florissant	
c. LENGTH OF STAY (In this place) 6 Mos.		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 Rt #2, Box 684		e. STREET ADDRESS (If rural, give location) Rt #2, Box 684 (Hume Lane)	

3. NAME OF DECEASED a. (First) EDWARD H. b. (Middle) RUEDIGER c. (Last)			4. DATE OF DEATH Oct. 20, 1954 (Month) (Day) (Year)		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Aug. 8, 1885	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months	11. UNDER 6 HRS. Days	12. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor	10b. KIND OF BUSINESS OR INDUSTRY Chiropractor	11. BIRTHPLACE (City and State or Foreign Country) Hermann, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry H. Ruediger	13b. MOTHER'S MAIDEN NAME Louisa (Unknown)	14. NAME OF HUSBAND OR WIFE Ethel Ruediger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Ruediger, Florissant, Mo.	ADDRESS
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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) heart failure		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) card. insufficiency		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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) ST. LOUIS 13 (COUNTY) MO (STATE)
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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 10/12, 1954, to 10/20, 1954, that I last saw the deceased alive on 10/20, 1954, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Otto B. Traub M.D.	23b. ADDRESS ST. PAUL HOSPITAL ST. LOUIS 13, MO.	23c. DATE SIGNED 10/21/54
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 10-22-54	24c. NAME OF CEMETERY OR CREMATORY Herman Cemetery	24d. LOCATION (City, town, or county) Hermann Missouri (State)
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DATE REC'D BY LOCAL REG. 10/21/54	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MISSOURI
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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 *Eleanor Province*.....

Licensed Embalmer No.....3403

P. O. Address Jennings, MI.....

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.