

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38807

FILED NOV 18 1955

State File No. _____
Registrar's No. **9509**

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	
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) 23 1714 a S 7th Street 2210	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) c. (Last) RUCH			4. DATE OF DEATH (Month) (Day) (Year) OCT. 30, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Abt 1869	9. AGE (In years last birthday) Abt 86	10. IF UNDER 1 YEAR Days 11. IF UNDER 4 HRS. 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		11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Louis Ruch	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ray Ruch 988 Glenmore Glendale	18. ADDRESS Glendale
---	-------------------------	--	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aspiration of Vomitus DUE TO (c) Markedly Consolidated Lungs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Type III Pneumococcal Pneumonia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E921.9	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) 46 (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall
--	--	---

22. I hereby certify that I attended the deceased from **10-8-56**, 19 **55**, to **Oct. 30,** 19 **55**, that I last saw the deceased alive on **10-30**, 19 **55**, and that death occurred at **6:05p** m., from the causes and on the date stated above.

23a. SIGNATURE Miles D. Miller MD	(Degree or title)	23b. ADDRESS 1515 LAFAYETTE AVE.	23c. DATE SIGNED 10-31-55
---	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/3/55	24c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul	24d. LOCATION (City, town, or county) (State) St Louis Missouri
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. NOV 1 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home	ADDRESS 1926 Allen Av
---	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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, *Reinhold K. Lohmann*

Licensed Embalmer No. *339*

P. O. Address, *St. Louis*

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.