

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1956

State File No. **11354**
Registrar's No. **2628**

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

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, Mo		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 35 Yrs.		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 7815 Michigan Ave.		e. STREET ADDRESS (If rural, give location) 7815 Michigan Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) c. (Last) RUGGLES		4. DATE OF DEATH (Month) (Day) (Year) March 12, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 23, 1880
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Aid		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Timothy O'Toole	
13b. MOTHER'S MAIDEN NAME Catherine ?		14. NAME OF HUSBAND/OR WIFE Deceased	
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. 494367726	
17. INFORMANT'S SIGNATURE OR NAME Ernst Lenzen		ADDRESS 7815 Michigan Ave.	
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) Acute Pulmonary Infarction ANTECEDENT CAUSES DUE TO (b) Arterio-sclerotic Heart Disease With: Complete heart block. DUE TO (c) Old Pulmonary Infarction II. OTHER SIGNIFICANT CONDITIONS Congestive Heart Failure Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 15 min.		5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 4, 1942 , to Mar. 12, 1956 , that I last saw the deceased alive on Mar. 12, 1956 , and that death occurred at 1:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Charles B. Kahl M.D.		23b. ADDRESS 7430 Virginia	
23c. DATE SIGNED 3-13-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/1956	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAR 13 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.		ADDRESS 7420 Michigan Ave.	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ladd

Virginia & Koeln

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 *W. G. Peterson*

Licensed Embalmer No. *37*

P. O. Address *7420 M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.