

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18519

XC-536 690  
Reg. 13646 SL-8595

State File No. ....

BIRTH NO. FILED MAY 25 1956 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4697

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY       |   |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>915 N. Grand, St. Louis, Mo.</u>   |  | c. LENGTH OF STAY (in this place)<br><u>122 days</u>   | c. CITY OR TOWN<br><u>ST. LOUIS</u>   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Veterans Administration Hosp.</u>   |  | e. STREET ADDRESS (If rural, give location)<br><u>3722 Garfield</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>EMIL</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>Ruhle</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5-14-56</u>  |   |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>   | 8. DATE OF BIRTH<br><u>3-9-90</u>   |
| 9. AGE (in years last birthday)<br><u>66</u>  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Chauffeur</u>   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Funeral</u>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>ST. LOUIS, MO.</u>         |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><u>ST. LOUIS, MO.</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   | 13. FATHER'S NAME<br><u>Emil Ruhle</u>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Wilhamena Kramer</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Hazel Ruhle</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes WW-I</u>   | 16. SOCIAL SECURITY NO.<br><u>496 22 0968</u>  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>REC'D VA Hosp. 915 N. Grand, St. Louis, Mo.</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Nephrosclerosis</u><br>DUE TO (c) <u>Diabetes mellitus</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Unk.</u><br><u>Unk.</u><br><u>7 yrs.</u>     |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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) (COUNTY) (STATE)  |   |
| 21a. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  | 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 <u>1-13-56</u> , 19 <u>56</u> , to <u>5-14-56</u> , 19 <u>56</u> , that the cause of the deceased's death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE<br><u>W. K. Fitzpatrick</u>  |  | 23b. ADDRESS<br><u>VA Hospital 915 N. Grand, St. Louis, Mo.</u>  | 23c. DATE SIGNED<br><u>5-14-56</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 24b. DATE<br><u>5/17/56.</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>       |
| DATE REC'D BY LOCAL REG.<br><u>MAY 15 1956</u>  | REGISTRAR'S SIGNATURE<br><u>J. Paul Smith, M.D.</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd. St. Louis, 15, Mo.</u> |   |

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

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**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 *John A. Miller*

Licensed Embalmer No. *411*

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.