S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

State File No. 32381

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8015

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital 2059 D

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1297 Amherst Pl.

3. NAME OF DECEASED (Type or Print): a. (First) ADDYE b. (Middle) R. c. (Last) LASCH-RUDDY

4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 23, 1879

9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): Jonesboro, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Leander J. Nimmo

13b. MOTHER'S MAIDEN NAME: Alemeda C. Donohue

14. NAME OF HUSBAND OR WIFE: Joseph M. Ruddy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Joseph M. Ruddy 1297 Amherst Pl.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident (Post op) — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gen'l Arteriosclerosis
DUE TO (c) Diabetes Mellitus + Obesity

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Ventral hernia c̄ small bowel strangulation + Intestinal Obstrn.

19a. DATE OF OPERATION: 26 Aug.

19b. MAJOR FINDINGS OF OPERATION: See #2 — all bowel was viable.

20. AUTOPSY? YES ☐ NO ☒

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): 561:3

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 Aug, 1956, *to* 29 Aug, 1956, *that I last saw the deceased alive on* 29 Aug, 1956, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.* 8-30-56

23a. SIGNATURE: Richard Sisson (Degree or title) — Richard Sisson MD

23b. ADDRESS: 4652 Maryland — 4652 Maryland

23c. DATE SIGNED: 8/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sep. 1, 1956

24c. NAME OF CEMETERY OR CREMATORY: S/S Peter & Paul Cem.

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: AUG 30 1956

REGISTRAR'S SIGNATURE: J. Carl Smith MD — MDB

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 453

P. O. Address .....

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