No. 300
10-48

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40225

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2410

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Koch, Mo (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place): 56 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri [redacted]
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): 2222 Howard

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Jack
c. (Last): Ruble

4. DATE OF DEATH: Oct (Month) 12 (Day), 1956 (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (Wid)
8. DATE OF BIRTH: 7-31-89
9. AGE (In years last birthday): 66
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): Saw Mill worker
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (City and State or Foreign Country): Valkin, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jim Ruble
13b. MOTHER'S MAIDEN NAME: Polly Lewis
14. NAME OF HUSBAND/OR WIFE: Ara Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Records Koch Hospital, Koch, Mo

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) Carcinoma of Larynx — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 6 mos.

19a. DATE OF OPERATION: 9-5-56
19b. MAJOR FINDINGS OF OPERATION: Biopsy of larynx (findings: Squamous Cell CA) 16/X
20. AUTOPSY? A 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): ____
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* 8-17- *, 19* 56 *, to* 10-12 *, 19* 56 *, that I last saw the deceased alive on* 10-11 *, 19* 56 *, and that death occurred at* 2 p.m. *, from the causes and on the date stated above.*

23a. SIGNATURE: H.A. Harris (Degree or title): MD
23b. ADDRESS: Koch Hospital, Koch, Mo
23c. DATE SIGNED: 10-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-13-56
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Ironton, Missouri.

DATE REC'D BY LOCAL REG.: 10-14-56
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe 4700 Washington,

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 26 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John L Denne

Licensed Embalmer No. 419

P. O. Address St. Lou

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