Health, Welfare Public Service

300 1-56 3

FILED JAN 25 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3047

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 138

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, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Inside Limits Yes X No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital — Length of stay in lb 38	d. STREET ADDRESS (If outside, give location) 3863 Bowen — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: August	Middle:	Last: Rueckoldt
4. DATE OF DEATH	Month: January	Day: 4	Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug. 22, 1888
9. AGE (In years last birthday): 68	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): Watchman	10b. KIND OF BUSINESS OR INDUSTRY: City Fire Dept.	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: August Rueckoldt		14. MOTHER'S MAIDEN NAME: Dorothea Vayland	
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.: —	17. INFORMANT Address: Minerva Rueckoldt, 3863 Bowen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hemorrhage from internal carotid artery — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Squamous carcinoma of Pharynx — 11 mtles

DUE TO (c) with metastases to cervical nodes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 148X

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 2 1956, to 1-4-57 and last saw her/him alive on Jan 4, 1957. Death occurred at 3:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Louis J. Jorstad M.D.	22b. ADDRESS: 3720 Washington	22c. DATE SIGNED: 1/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Jan. 7, 1957	23c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: Hoffmeister Colonial Mortuary 6464 Chippewa St.	25. DATE RECD. BY LOCAL REG.: JAN 7 1957	26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C
VE
PA
11 am
3-5858
5-4273

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 47

P. O. Address St. Louis

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