Health, Welfare Public Service

300 1-56

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

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 888

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

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 01 4123 DeTonty — Length of stay in lb: 18 yrs. 21790

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4123 DeTonty — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Marion — Middle D. — Last Ruge
4. DATE OF DEATH: Month Jan. Day 28, Year 1957
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov.25,1896
9. AGE (In years last birthday): 60 — 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): Operator
10b. KIND OF BUSINESS OR INDUSTRY: Public Service
11. BIRTHPLACE (City and state or country): Lincoln, Ill. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: Robert W.Ruge
14. MOTHER'S MAIDEN NAME: Emma Diekroeger
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.: Unknown
17. INFORMANT: Mrs.Margaret Ruge, Address: 4123 DeTonty

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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerotic Coronary Thrombosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.1
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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 October 1956, to 1-28-57 and last saw her/him alive on 1-25-57
Death occurred at 1:00 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl J Ellis MD 0
22b. ADDRESS: 8 S Kings Highway
22c. DATE SIGNED: 1-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-30-57
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H.Hoppe, 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JAN 28 '57
26. REGISTRAR'S SIGNATURE: J Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1957

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.....

Licensed Embalmer No. 4

P. O. Address

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.