

THE UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **34071** Registrar's No. **8820**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>01 2101 a South 7th St.</b>			Length of stay in lb <b>6 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>2348 2101 a So. 7th St.</b>	
3. NAME OF DECEASED (Type or print) <b>Catherine</b> First <b>--</b> Middle <b>--</b> Last <b>Ruess</b>			4. DATE OF DEATH <b>September 19, 1957</b> Month <b>September</b> Day <b>19</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 3, 1870</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Jefferson County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13. FATHER'S NAME <b>Joseph Tiefenbrunn</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Chas. P. Heaghney 2101 a South 7th St.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <b>myocardial failure</b>					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial failure</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					
DUE TO (c) <b>Arteriosclerosis</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CONDITION GIVEN IN PART I (a) <b>Cholecystitis</b>					19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>1945</b> , to <b>time of death</b> and last saw <b>her</b> alive on <b>Sept 19 1957</b> Death occurred at <b>12:40 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Richard Jackson</b> (Degree or title) <b>Richard Jackson D.O.</b>			22b. ADDRESS <b>3546 Gravois</b> <b>3546 Gravois St. No. 10</b>	22c. DATE SIGNED <b>7/19/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Sept. 23, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olive Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>3701 Mt. Olive Road Lemay 23, Mo.</b>		
24. FUNERAL DIRECTOR <b>C. Hoffmeister Mortuaries</b> <b>7814 S. Broadway</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 20 57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith</b> <b>mjs</b>		

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 *Leines C. Hoffmann*.....

Licensed Embalmer No. 38

P. O. Address 78148

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.