

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006877
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		c. CITY OR TOWN Saint Charles	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location) 524 So. Main St.	
Length of stay in 1b 2 weeks		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ellis E. Ruh			4. DATE OF DEATH Month Day Year March 2, 1958		
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pipe fitter	10b. KIND OF BUSINESS OR INDUSTRY Small Arms	11. BIRTHPLACE (City and state or country) Doerun, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Ruh	13b. MOTHER'S MAIDEN NAME Kathilda Boyd	14. NAME OF HUSBAND OR WIFE Gussie Fortner
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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. 509-16-7672	17. INFORMANT Mrs. Gussie Ruh, Saint Charles, Mo.
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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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary thrombosis DUE TO (c) Coronary sclerosis		INTERVAL BETWEEN ONSET AND DEATH 12 days 12 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from death occurred at 1:00 p on Feb. 18, 1958, to March 2, 1958 and last saw him alive on March 2, 1958 on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE G. J. County (Degree or title) M.D.	22b. ADDRESS St. Charles, Mo.	22c. DATE SIGNED March 4, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE March 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Doe Run Cemetery	23d. LOCATION (City, town, or county) (State) Farrington, Missouri
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24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons Co., St. Charles, Mo.	25. DATE RECD. BY LOCAL REG. MAR 4 58	26. REGISTRAR'S SIGNATURE Marcella Wilson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 31 1958

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 *Frank R. Amalson*

Licensed Embalmer No. *483*
P. O. Address *St. Charles*

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