Health, & Welfare Public Service

S. 300
1-57

0362

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017769
STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY Franklin.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hospital. Length of stay in 1b 16 das

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Franklin
c. CITY OR TOWN Berger, 0360 0 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Fred Middle J Last Ruether

4. DATE OF DEATH Month May Day 9th, Year 1958.

5. SEX Male 0
6. COLOR OR RACE White.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Apr. 20th, 1869.
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 0 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator.
10b. KIND OF BUSINESS OR INDUSTRY Retired.
11. BIRTHPLACE (City and state or country) Nona, Mo. St. Charles Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Ruether.
13b. MOTHER'S MAIDEN NAME Mary Albers.
14. NAME OF ~~CLOSEST~~ ~~NEXT~~ WIFE Louise Ruether.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None.
16. SOCIAL SECURITY NO. 498-22-3233A
17. INFORMANT Mrs. Edw. Brooks Address Washington, Mo.

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-vascular renal disease — 5 years.
DUE TO (c) 442X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile dementia
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 11 15 1954 AM, to 5/10/58 and last saw her/him alive on 5/9/58.
Death occurred at 11 15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B P Eisenmann MD. 0
22b. ADDRESS New Haven Mo
22c. DATE SIGNED 5/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
23b. DATE May 12, 1958.
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery.
23d. LOCATION (City, town, or county) (State) Washington, Mo.

24. FUNERAL DIRECTOR Nieburg & Vitt, Inc. ADDRESS Washington, Mo.
25. DATE RECD. BY LOCAL REG. 5/12/58
26. REGISTRAR'S SIGNATURE F. C. Hudmann by F. C. Hudmann Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.