

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038126

STATE FILE NUMBER

9616

FILED OCT 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Oakland 4780
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Length of stay in lb 4 days	d. STREET (If outside, give location) ADDRESS 107 Brent
3. NAME OF DECEASED (Type or print) First SHAW Middle M. Last RUETTE		4. DATE OF DEATH Month Day Year Oct 5, 1958	

5. SEX Male <input checked="" type="radio"/>	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 3, 1898	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) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Stix-Baer & Fuller	11. BIRTHPLACE (City and state or country) Charlotte, N. C.	12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Leonard R. Pruette	13b. MOTHER'S MAIDEN NAME Dora Shaw	14. NAME OF HUSBAND OR WIFE Lucy Pruette
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW-I	16. SOCIAL SECURITY NO. 489-02-8108	17. INFORMANT Address Oakland, Mo. Lucy Pruette-107 Brent Ave. I.O.
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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) Brain tumor - probably glio blastoma - widely infiltrating		INTERVAL BETWEEN ONSET AND DEATH 2-3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	1930

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Craniotomy 3 da. before death		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 7:20 A.M. Aug. 1958 to 5 Oct '58 and last saw him live on 3 Oct '58 on the date stated above. (If you do not know the date of death, give the date of last known life from the causes stated.) Johnstone Jr. M. D.
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22a. SIGNATURE (Degree or title) J. Johnstone Jr., M.D.	22b. ADDRESS 105 West Jefferson Ave. Kirkwood 22, Mo.	22c. DATE SIGNED 6 Oct 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/8/1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pk.	23d. LOCATION (City, town, or county) (State) Affton, Missouri
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24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. OCT 7 '58	26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. S.P.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ben E. Hoffman* .....  
Licensed Embalmer No. *4366* .....  
P. O. Address *Haverhill* .....

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.