

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008990  
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 16

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HERMANN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>HERMANN</b> 376 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>109 E. 5th ST</b>		Length of stay in 1b <b>594RS</b>	d. STREET ADDRESS (If outside, give location) <b>109 E. 5th ST</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LOUIS JAMES RUEDIGER</b>			4. DATE OF DEATH Month Day Year <b>April 3 - 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July-16-1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FACTORY WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE</b>	9. AGE (In years last birthday) <b>59</b> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11a. BIRTHPLACE (City and state or country) <b>HERMANN MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>LOUIS RUEDIGER</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE RODE</b>	
14. NAME OF HUSBAND OR WIFE <b>MARTHA RUEDIGER</b>		Address <b>HERMANN MO</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) <b>YES WW #2</b>		16. SOCIAL SECURITY NO. <b>488-05-5241</b>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral anoxia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Acute cardiac failure</b> DUE TO (c) <b>Coronary thrombosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		18. INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b> <b>10 min.</b> <b>10 min.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		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.) <b>4201</b>		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	
21. I attended the deceased from <b>5/8/55</b> to <b>4/3/59</b> and last saw him alive on <b>3/28/59</b> Death occurred at <b>8:03 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. D. [Signature]</b> (Degree or title) <b>2</b>		22b. ADDRESS <b>Hermann, Mo.</b>	
22c. DATE SIGNED <b>4/4/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4/6/59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>ST. GEORGE CEMETERY</b>		23d. LOCATION (City, town, or county) <b>HERMANN MO</b>	
24. FUNERAL DIRECTOR <b>HUGO H. Blomer</b> ADDRESS <b>HERMANN MO</b>		25. DATE RECD. BY LOCAL REG. <b>4-5-59</b>	
26. REGISTRAR'S SIGNATURE <b>Delma Uffelman</b>			

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.

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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 *Hugost Durana* .....

Licensed Embalmer No. *3160* .....  
P. O. Address *Herrmann* .....

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.