

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015649

STATE FILE NUMBER

2. 3938

FILED MAY 8 1959

Registration District No. _____ Primary Registration District No. _____

Registrar _____

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Overland</u> <u>4221</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo Bapt Hosp</u>		Length of stay in lb <u>1 wk</u>	d. STREET ADDRESS (If outside, give location) <u>9074 Bristol</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Nelle M Rugh</u>			4. DATE OF DEATH Month Day Year <u>April 20 1959</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 23 1889</u>	9. AGE (In years at birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>California Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Orum</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Elliott</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur Rugh</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or <u>Not known</u>) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Arthur Rugh 9074 Bristol</u>
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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) <u>Acute glomerular nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio-sclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>		19. WAS AUTOPSY PERFORMED? 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 <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK 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
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21. I attended the deceased from May 10, 1958 to April 20, 1959 and last saw her alive on April 20, 1959
Death occurred at 4:05 P.M. 4/20/59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dress or title) <u>Maurice A. Risher MD</u>	22b. ADDRESS <u>9385 Page Blvd St. Louis, Mo</u>	22c. DATE SIGNED <u>4/20/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Lebanon</u>	23d. LOCATION (City, town, or county) (State) <u>Bridgeton Mo</u>
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24. FUNERAL DIRECTOR <u>Ortmann F Home</u>	ADDRESS <u>9222 Lackland Overland Mo</u>	25. DATE RECD. BY LOCAL REG. <u>APR 21 '59</u>	26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>
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Overland Mo (Licensed Embalmer's Statement on Reverse Side)

mrs

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 29 1961

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 Sam B. Stepanovic, Student Embalmer No. 578 working under my personal supervision.

Student Sam Stepanovic Signed Al C. Outmann
Signature of Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

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.