Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015654
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4184

1. PLACE OF DEATH
a. COUNTY: City
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St Louis — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Alxian Bros Hosp — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Jefferson
c. CITY OR TOWN: RR#1 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): House Springs Mo — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Joseph — Middle F. — Last Ruzicka
4. DATE OF DEATH: Month 4 — Day 27 — Year 59

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Jan 7-1876
9. AGE (In years last birthday): 83 — 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): Mailer
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (City and state or country): Bohemia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Frank Ruzicka
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Philomena Ruzicka Dec. RR#1

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-07-6985
17. INFORMANT: Edw. Ruzicka — Address: House Springs 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): Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular Fibrillation — 5 months
DUE TO (c): Widespread Myocarditis — 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension Renal - Nephritis Glomerular
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 442x
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ None
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 Aug. 12, 1956, to April 27-59 and last saw her/him alive on April 27-1959
Death occurred at 2:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jno C. Danbeck Jr. MD
22b. ADDRESS: 2767 Gravois Mt Phillips Mo
22c. DATE SIGNED: 4-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/30/59
23c. NAME OF CEMETERY OR CREMATORY: St John's Cem.
23d. LOCATION (City, town, or county): Rock Creek — (State) Mo

24. FUNERAL DIRECTOR: Brimmer Funeral Home — ADDRESS: House Springs Mo
25. DATE RECD. BY LOCAL REG.: APR 29 '59
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(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.

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, M

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.