

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023357

STATE FILE NUMBER  
2 6129

FILED JUL 13 1959

Registration District No. Primary Registration District No.

Registration No.

Health,  
& Welfare  
Public  
Service

S. 300  
1-57

1  
576  
C

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis State</b>		Length of stay in lb <b>6 yrs. 1 mo.</b>		d. STREET ADDRESS (If outside, give location) <b>4431 S. Broadway</b>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) <b>KATE RUEBSAMEN</b>		4. DATE OF DEATH Month <b>June</b> Day <b>26</b> Year <b>1959</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>7-7-1867</b>		9. AGE (In years last birthday) <b>91</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>formerly: Domestic</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Belleville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Graeff</b>		13b. MOTHER'S MAIDEN NAME <b>Mary ? Graeff</b>		14. NAME OF HUSBAND OR WIFE <b>Ruebsamen</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Miss Hausmann</b> Address <b>4431 S. Broadway</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>4201</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Brain syndrome, associated with senile brain disease, with psychosis.</b>				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 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>May 4, 1953</b> to <b>June 26, 1959</b> and last saw her alive on <b>June 26, 1959</b> Death occurred at <b>9:50</b> a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Joseph S. Shuman M.D.</b>			22b. ADDRESS <b>5400 Arsenal St.</b>		22c. DATE SIGNED <b>6-26-59</b>
23a. BURIAL, CREMATION, REMOVAL		23b. DATE <b>June 29, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		(State)			
24. FUNERAL DIRECTOR <b>Hoffmeister Colonial</b>		ADDRESS <b>Moeruary</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 29 '59</b>	
24b. <b>6464 Chippewa St. St. Louis, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Harold Smith M.D.</b>			

**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 *Bill C. Branson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, Mo.*

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.