

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 20 1959

59-042438

210403

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|   |                                  |   |  |   |  |  |   |  |  |
|---|----------------------------------|---|--|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |                                  | Length of stay in 1b<br><b>65</b>   |  | c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Christian Hospital</b>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>5539 Beacon</b>      |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>FRED</b> Middle <b>J.</b> Last <b>RUEDY</b>   |                                  |   |  | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>10</b> Year <b>1959</b>  |  |  |   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>7/3/1894</b>   | 9. AGE (last birthday)<br><b>65</b>                                      | IF UNDER 1 YEAR<br>Months _____ Days _____   |   | IF UNDER 24 HR<br>Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Costodian</b>   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>School</b>                                   |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |  |
| 13a. FATHER'S NAME<br><b>Jacob Ruedy</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Johanna Holt</b>                                     |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Emma (Kruse) Ruedy</b>                             |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes or unknown) (If yes, give war or dates of service)<br><b>YES</b>  |                                  |   | 16. SOCIAL SECURITY NO.<br><b>487-40-2632</b>  |   | 17. INFORMANT<br><b>Gertrude Beekman</b> Address <b>5539 Beacon</b>      |  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage, right hemiplegia</b>  |                                  |   |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>35 hours</b>  |  |
| DUE TO (b) <b>Generalized Arterio-sclerosis</b>   |                                  |   |  |   |  |  |   | <b>2 1/2 years</b>   |  |
| DUE TO (c) <b>331x</b>  |                                  |   |  |   |  |  |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |  |   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |                                  | 20d. INJURY OCCURRED WHILE AT WORK <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>Nov. 9, 1959</b> to <b>Nov. 10, 1959</b> and last saw him alive on <b>Nov. 10, 1959</b><br>Death occurred at <b>11:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>D. E. J. M. M.D.</b>   |                                  |   |  | 22b. ADDRESS<br><b>4222 N. Grand</b>  |  |  | 22c. DATE SIGNED<br><b>11-11-59</b>   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>   |                                  | 23b. DATE<br><b>NOV. 13, 1959</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>NEW BETHLEHEM CEMETERY</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>ST. LOUIS COUNTY, MISSOURI</b>   |   |  |  |
| 24. FUNERAL DIRECTOR<br><b>BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE</b>   |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>NOV 12 1959</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b>                                 |   |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Homer V. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.