

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017296

FILED VS APR 29 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3957** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST Louis		Length of stay in lb 1WK	c. CITY OR TOWN LADUE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 14 MAGNOLIA DR
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First MARION Middle CLARK Last RUTHMAN	4. DATE OF DEATH Month APR Day 9 Year 1960
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR 30-1897	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED	10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (City and state or country) DALLAS-TEX.	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME THOS J CLARK	13b. MOTHER'S MAIDEN NAME GRACE DORRINGTON	14. NAME OF HUSBAND OR WIFE HERBERT B
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 495-12-5330	17. INFORMANT Herbert B Ruthman Address #14 Magnolia STL24
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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) Carcinoma of ovary		INTERVAL BETWEEN ONSET AND DEATH 18
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) with abdominal metastases	
	DUE TO (c) 175.0	

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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 _____
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21. I attended the deceased from **4/7/60 12:50 AM** to **4/8/60** and last saw her alive on **4/8/60**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Don Sauer (Degree or title) MD	22b. ADDRESS 7820 Carondelet	22c. DATE SIGNED 4/9/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/11/60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) ST Louis MO
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24. FUNERAL DIRECTOR Louis H Poppe Inc ADDRESS Parkwood	25. DATE RECD. BY LOCAL REG. APR 11 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Wyland Jr.

Licensed Embalmer No. 4517

P. O. Address Wichmond,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.