

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

9 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12078 -60-047881 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 <u>St. Louis (8)</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>St. Louis (16)</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4059a Tholozan Ave.</u>

3. NAME OF DECEASED (Type or print) First <u>FREIDA</u> Middle <u>RUEWELER</u> Last <u>RUEWELER</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>15</u> Year <u>1960</u>		
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>11/29/08</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
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>At Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Stephen Riff</u>		13b. MOTHER'S MAIDEN NAME <u>Freida Ryan</u>		14. NAME OF HUSBAND OR WIFE <u>William Rueweler (16)</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, <u>None</u> or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>William Rueweler 4059a Tholozan Ave</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>diabetic coma</u> <u>Diabetic Coma (Diabetic Coma)</u> <u>diabetes mellitus</u> DUE TO (b) <u>Diabetes Mellitus</u> <u>(Diabetes mellitus)</u> DUE TO (c) <u>  </u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>?</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260+</u>	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 <u>  </u> Min. <u>  </u> p.m. <u>  </u>	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 <u>St. Louis</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>12/14/60</u> to <u>12/15/60</u> and last saw her <u>alive</u> on <u>12/15/60</u> Death occurred at <u>12:45 AM - 12/15/60</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>A. Conrad Malleo, M.D.</u>	22b. ADDRESS <u>505 Univ. Club Bldg</u> <u>585 Univ. S. Club Bldg</u>	22c. DATE SIGNED <u>12/16/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/17/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery St. Louis County</u>	23d. LOCATION (City, town, or county) <u>29 Mo.</u>
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24. FUNERAL DIRECTOR <u>Fendler Und. Co. 7420 Michigan (11)</u>	ADDRESS <u>Ave.</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 16 1960</u>	26. REGISTRAR'S SIGNATURE <u>Good Smith. M.D.</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

Dr. A. Ernest Mallett  
University Club Bldg.  
607 The Grand Ave

OL 2-4272 2 P.M.

1:30 to 4:00

**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

*W. G. Peterson*

Licensed Embalmer No.

*376*

P. O. Address

*7420 Me*

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.