# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-032862
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 318 FILED AUG 22 1962 Primary Registration District No. 1003 Registrar's No. 7889

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 2 Mo-14 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis-Little Rock Hospital, Inc.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Maplewood
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2635 Margaret Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Charles Middle: Francis Last: Ruenzi
4. DATE OF DEATH: Month: August Day: 11 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10-16-1901
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensr. Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): DeSoto, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward Ruenzi
13b. MOTHER'S MAIDEN NAME: Emma Platz
14. NAME OF HUSBAND OR WIFE: -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Rosalie Guempel, Maplewood, Mo. Address: 2635 Margaret Ave.

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): Thyrotoxicosis — INTERVAL BETWEEN ONSET AND DEATH: 4-30-62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Spontaneous Hemorrhage - Chest wall — 5-10-62
DUE TO (c): Pseudohemiplelia
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Circulatory Failure
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]: None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): None
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
252.0
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 May-28-62 to Aug 11-62 and last saw him alive on Aug 11-62
Death occurred at 9:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Joseph A. Leubeck M.D.
22b. ADDRESS: 1755 S. Grand Blvd.
22c. DATE SIGNED: 8-12-1962
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-14-1962
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): DeSoto, Missouri
24. FUNERAL DIRECTOR: Jay B. Smith Funeral Home, Maplewood, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: AUG 13 1962
26. REGISTRAR'S SIGNATURE: Hard Smith. M.D.

**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_____ Signed Melvin Bartram

Signature of Student Embalmer

Licensed Embalmer No. 4903

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.