MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036664
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9121

FILED SEP 28 1962

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: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Alexian Brothers Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: Hazelwood — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 7637 No. Sunset Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ELY — Middle: — Last: RULENS
4. DATE OF DEATH: Month: September — Day: 19 — Year: 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/15/1896
9. AGE (last birthday): 66 Years — 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): truck operator
10b. KIND OF BUSINESS OR INDUSTRY: transportation
11. BIRTHPLACE (City and state or country): Belgium
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Rulens
13b. MOTHER'S MAIDEN NAME: Adelie DePree
14. NAME OF HUSBAND OR WIFE: Jane Rulens
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.:
17. INFORMANT — Address: Jane Rulens - 7637 No. Sunset Dr.

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): CORONARY THROMBOSIS acute — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSLEROTIC C.V. DISEASE — 2 & 3 yrs.
DUE TO (c): 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Surg on 9/12/62 SUPRAPUBIC Prostatectomy Hypertrophy of Prostate

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
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 4/28/61, to 9/19/62 and last saw her/him alive on 9/19/62
Death occurred at 10:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Geoprcah Md
22b. ADDRESS: 1901 Madison
22c. DATE SIGNED: 9/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): entombment
23b. DATE: Sept 22, 1962
23c. NAME OF CEMETERY OR CREMATORY: Calvary Mausoleum
23d. LOCATION (City, town, or county): St. Louis — (State): Missouri

24. FUNERAL DIRECTOR — ADDRESS: BUCHHOLZ MORTUARY-5967 W.Florissant Ave
25. DATE RECD. BY LOCAL REG.: SEP 21 1962
26. REGISTRAR'S SIGNATURE: Earl 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_____
Signature of Student Embalmer

Signed Ralph E. Linden

Licensed Embalmer No. 4275

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.