

JAN 12 1940

Registration District No. 781

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 106

(a) County 2
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2922 Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME John Ruh 000

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced marrie
 6. (b) Name of husband or wife Wilhelmina Ruh 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased Jan 10 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 7 hr. _____ min.

9. Birthplace Buerstadt Germany
(City, town, or county) (State or foreign country)10. Usual occupation Retired Brewery Worker

11. Industry or business

12. Name Simon Ruh13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Marion Schreiner
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wilhelmina Ruh(b) Address 2922 Missouri Av.17. (a) Burial (b) Date thereof 12-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews18. (a) Signature of funeral director Witt Bro. L & Co(b) Address 2929 S. Jefferson Av.19. (a) DEC 19 1939 (b) J. J. Braden
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MO (b) County _____
 (c) City or town ST. LOUIS 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2922 Missouri
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 17
year 1939 hour 8^{am} minute _____21. I hereby certify that I attended the deceased from Nov 14 38
to Dec 17 39
that I last saw him alive on Dec 16, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Neoplasm - stomach
(Type unknown)

Duration

Due to MalignantDue to _____
Other conditions _____
(Include pregnancy within 3 months of death) H6Major findings: none
Of operations _____Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Pierre W. Powers (M. D. or other) M. D.
Address 2531 So. Jefferson Date signed 12/18/39

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.....

Paul A. Shanklin

Registered Apprentice No.....

working under my personal supervision.

Signed..... *Paul A. Shanklin*

Licensed Embalmer No. 3472

P. O. Address. 2929 S. Jeff

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 this body is not embalmed, above space should be left blank.