

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5016 Thekla Ave.,
 (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

8. (a) PRINT FULL NAME Michael J. Ruddy 300

8. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah Ruddy

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 23, 1886
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 26
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown Ruddy13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Judge Edward Ruddy(b) Address 5016 Thekla Ave.,17. (a) Burial (b) Date thereof 1/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director John A. Genteman(b) Address 5077 Durant Ave.,19. (a) JAN 20 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5016 Thekla Ave.,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1940 hour 7 minute 30 A. M.21. I hereby certify that I attended the deceased from Jan 14
1938 to Jan 19 1940
that I last saw him alive on Jan 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Duration

7?

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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? _____
Means of injury _____23. Signature John H. M. Honey (M. D. or other) MDAddress 5014 Thekla Ave. Date signed 1/19/40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.