

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2127 Oregon 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

3. (a) PRINT FULL NAME Fred. Ruch

8. (b) If veteran, name war No 8. (c) Social Security No. No

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

6. (b) Name of husband or wife Katherine Ruch 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb 28, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant - Retired

11. Industry or business _____

MOTHER FATHER
12. Name Jacob Ruch
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katherine Ruch
(b) Address 2127 Oregon Ave.

17. (a) Burial (b) Date thereof Feb. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 So. Grand Blvd.

19. (a) FEB 15 1940 (b) _____
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2127 Oregon
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1940 hour 5 minute 5 P. M.

21. I hereby certify that I attended the deceased from Feb 5, 1940
to Feb 12, 1940

that I last saw him alive on Feb 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Gastroenteritis

Due to not known

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No

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? _____
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature James M. Hauer (M. D. or other)
Address 2025 S. Jefferson Date signed Feb 15 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchoquet

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.