

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9241
Registrar's No. 2724

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
5359 North Euclid 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 Ruenpohl
8. (b) If veteran, name war _____ 3. (c) Social Security No. 492-03-9169

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Beumer Ruenpohl 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 16 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Floor Manager

11. Industry or business Butler Bros.

MOTHER FATHER { 12. Name Wm Ruenpohl
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Westhoff
(City, town, or county) (State or foreign country)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred H. Ruenpohl
(b) Address 5407 North Euclid Ave

17. (a) Burial (b) Date thereof 3/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grave Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAR 23 1940 (b) J. D. [Signature]
(Date received and recorded) (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit, write "RURAL") 7
(d) Street No. 5359 N. Euclid Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 21
year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from about 1930 to Nov 25 1939
that I last saw him alive on about Mar 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Other conditions ant. The congested myo
Due to abnormally for some
years past, more followed
by arterio-sclerosis
several years ago
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN [Signature]
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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Mount Club Bldg Date signed 3/22/40

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: *J. H. Stroh*

Licensed Embalmer No. *7265*

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.