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No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH
1003

19929

State File No.

Registrar's No.

4877

Registration District No. 791

Primary Registration District No.

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

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: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 1946 Withnell
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Charles Ruedlin 345

8. (b) If veteran, name war _____ 3. (c) Social Security No. 488-07-9823

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased OCTOBER 16 1898
(Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MISSOURIA
(City, town, or county) (State or foreign country)

10. Usual occupation OWNER

11. Industry or business FILLING STATION

MOTHER FATHER { 12. Name WILLIAM A. RUEDLIN
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name IDA DETHOUSE
15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant LOUISE RUEDLIN
(b) Address 1946 WITHNELL

17. (a) BURIAL (b) Date thereof JUNE 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OLD ST. MARCUS CEM.

18. (a) Signature of funeral director J. A. BUBBENBACH & HANCOCK
(b) Address 2842 OMERANE, ST.

19. (a) June 3rd 1940 (b) J. F. BREDECK
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2, year 1940 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from May 30, 1940, to June 2, 1940 that I last saw him alive on June 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Menigitis, pneumococci type X1F

Due to Otitis Media

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8/11

Major findings: Of operations _____

Of autopsy As above

Duration
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) _____ (Means of injury) _____

28. Signature J. F. Bredeck (M. D. or other) _____
Address 1515 Lafayette Date signed 6/3/40

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 _____

Licensed Embalmer No. _____

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.