

S. No. 2
-11-10-39
v. 5-17-39
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27277

State File No.

7173

FILED SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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:
3509 Sullivan Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3509 Sullivan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John A. Ruhmschuessel 522

8. (b) If veteran, name war No 3. (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 Elizabeth Ruhmschuessel 6. (c) Age of husband or wife if alive abt 70 years

7. Birth date of deceased Sept. 21, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 2 If less than one day hr. _____ min. _____

9. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Claus Ruhmschuessel

13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name Mima Sender 2
(City, town, or county) (State or foreign country)

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

16. (a) Informant Elizabeth Ruhmschuessel

(b) Address 3509 Sullivan Ave.

17. (a) Burial (b) Date thereof August 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wm. H. Paschdag
(b) Address 2825 N. Grand Blvd.

19. (a) AUG 25 1940 (b) J. F. Pichler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1940 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from May 10, 1940 to Aug 23, 1940;
that I last saw him alive on Aug 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Pain, Hypertension 3 yrs

Due to _____

Due to _____

Other conditions Arteriosclerosis 2 weeks
(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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Herman R. Winters (M. D. or other) _____
Address 2728 N. 11 Date signed 8-24

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

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.