

No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36473

State File No. _____
Registrar's No. 2036

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Gravois Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Affton, Mo.
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs.
years, months or days)

3. (a) PRINT FULL NAME Clara Ruder
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 8 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 20 If less than one day hr. _____ min. 6

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Hartman Herbel

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

14. Maiden name Elizabeth Wolff

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

16. (a) Informant Bessie Fautphaen

(b) Address Tesson Rt. 4.

17. (a) Burial (b) Date thereof Oct. 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Jos. Ziegenheim

(b) Address 7027 Gravois Ave.

19. (a) OCT 30 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Affton, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1940 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 2
1928 to Oct 28 1940
that I last saw h. ev alive on Oct 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of spleen Duration 10 yrs

Due to _____
Due to 53

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Kelly (M. D. or other) 1
Address 995 Gravois Date signed Oct 30

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: *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Grandis*

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, fact should be so stated above.