

FILED MAY 13 1941  
791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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: City Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1452a Sullivan Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ruby Jewell Rumpell.

(b) If veteran, name war No.

(c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th  
year 1941 hour 11:20 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female. 5. Color or race White

6. (a) Single, widowed, married, divorced Single.

(b) Name of husband or wife \_\_\_\_\_

(c) Age of husband or wife if alive \_\_\_\_\_ years

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

7. Birth date of deceased November 10 1923.  
(Month) (Day) (Year)

Immediate cause of death: General Peritonitis following Septic Abortion Performed by one Margaret Luether at 9452 S. Glenwood Ave 3/23/41  
Exact time unknown

Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>5</u>	<u>1</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: Of operations 1418

Of autopsy 115

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation High School Girl.

11. Industry or business \_\_\_\_\_

12. Name John F. Rumpell.

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

14. Maiden name Minnie K. Whited.

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

16. (a) Informant John F. Rumpell.

(b) Address 1452a Sullivan Ave.

17. (a) Burial (b) Date thereof 4-14-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) App 14 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 3/23/41

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
2557 Public Place  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Thomas F. Callahan (M. D. or other) 3  
Address Deputy Coroner Date signed 4/4/41

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

0  
17  
9  
31

**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.....

*John P. Quahaly*

Licensed Embalmer No.....

*1674*

P. O. Address.....

*2223 St Louis*

**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.**